Amiodarone

Indications: V-Fib or Pulseless V-Tach(pVT) Cardiac Arrest, Post Resuscitation Care, Wide Complex Tachycardia with a Pulse, & Symptomatic A-fib.

Contraindications: Without a pulse: None; With a pulse: bradycardia, second/third degree AV block

Concentration: 50 mg/mL

ADULT DOSING			
Indication	**Dose**	**Rate & Route**	**Note**
V-fib or pVT Cardiac Arrest	1st: 300 mg **6 mL** 2nd: 150 mg **3 mL**	IV/IO push	4 minutes between 1st and 2nd doses.
V-fib or pVT Post resuscitation care – or – Wide Complex Tachycardia WITH a Pulse	150 mg	IV/IO infusion over 10 minutes	3 ml/50cc NS at 300gtts/min. Wait 10 minutes from the end of one infusion to start of next infusion. **MAXIMUM TOTAL DOSE IS 450 mg**
Symptomatic A-Fib			Alternative to diltiazem when there is a clinical concern.
ADULT DOSING			

PEDIATRIC DOSING			
Indication	**Dose**	**Rate & Route**	**Note**
Pulseless VF/VT	1st: 5 mg/kg Max dose: 300 mg 2nd: 5 mg/kg Max dose: 150 mg	IV/IO push	4 minutes between 1st and 2nd doses.
V-fib or pVT Post resuscitation care or Wide Complex Tachycardia WITH a Pulse	5 mg/kg Max dose: 150 mg	IV/IO infusion over 20 minutes	Place ml dose in 50ml NS in an IV burette/60 gtts then infuse at 150gtts/min. **Consult OLMC.**
PEDIATRIC DOSING			

Pediatric Dosing Amiodarone										
3 kgs	**4kgs**	**5 kgs**	**6-7 kgs**	**8-9 kgs**	**10-11 kgs**	**12-14 kgs**	**15-18 kgs**	**19-23 kgs**	**24-29 kgs**	**30-36 kgs**
6.6 lbs	8.8 lbs	11 lbs	13-15 lbs	17-20 lbs	22-24 lbs	26-30 lbs	33-40 lbs	42-50 lbs	53-64 lbs	66-80 lbs
in18.25-20.25	in20.25-21.5	in21.5-23.25	in23.25-26.25	in26.25-29.25	in29.25-33	in33-37.5	in37.5-42.5	in42.5-47.75	in47.75-51.25	in51.25-56.25
IV/IO Push for VT/VF in Cardiac Arrest. Concentration = 50 mg/ml										
0.3 mL	**0.4 mL**	**0.5 mL**	**0.6 mL**	**0.8 mL**	**1.0 mL**	**1.3 mL**	**1.6 mL**	**2.1 mL**	**2.6 mL**	**3.0 mL**

Adverse/Side Effects Vasodilation (usually not associated with decreased cardiac output secondary to the negative inotropic effects), hypotension, bradycardia, AV block, increased QT interval, V-Tach.

Class Antiarrhythmic, Primarily Class III but has properties of all of the Vaughan Williams classifications

Mechanism of Action Prolongs the duration of the action potential and refractory period of all Cardiac fibers. Depresses the Phase 0 slope by causing a sodium blockade. Causes a Beta block as well as a weak calcium channel blockade. Primarily a Potassium-channel blocker (Class III antiarrhythmic) blocks the potassium channels that are responsible for phase 3 repolarization. Blocking these channels slows (delays) repolarization, which leads to an increase in action potential duration and an increase in the effective refractory period (ERP). Relaxes vascular smooth muscle, decreases peripheral vascular resistance, and increases coronary contractility.

Onset of Action Variable **Peak Effect** 30 to 45 minutes **Duration of Action** Variable