

## AMIODARONE

**Additional Names:** Cordarone, Nexterone

**Classification:** Antiarrhythmic (Class III)

**Indications:** Ventricular Tachycardia, Ventricular Fibrillation

**Contraindications:** Known hypersensitivity  
Cardiogenic Shock  
Severe Sinus Bradycardia, AV Block without a functioning pacemaker  
B and Ca<sup>2+</sup> Channel Blocker OD, with widened QT segment

**Dosages:**

**Adult:**  
**Cardiac Arrest – VF/pVT**  
Initial: 300mg IV/IO  
2<sup>nd</sup>: 150mg IV/IO, q 3-5 minutes after 1<sup>st</sup> dose

**Post ROSC**  
Loading Dose: 150mg IV/IO infusion over 10 minutes if two boluses (300 mg followed by 150 mg) were not already given during resuscitation  
Maintenance Infusion: 1mg/min IV/IO infusion

**Wide Complex Tachycardia**  
Regular/Irregular Rhythm:  
Loading Dose: 150mg IV/IO infusion over 10 minutes  
Maintenance Infusion upon conversion: 1mg/min IV/IO infusion

**Pediatric:**  
**Cardiac Arrest – VF/pVT**  
Initial: 5mg/kg IV/IO, max 300mg, may repeat bolus x2 prn, max 450mg total

**Ventricular Tachycardia**  
If rhythm is regular and monomorphic:  
Initial: 0.1mg/kg IV, q 1-2min, max 6mg  
2<sup>nd</sup>: Double first dose, max 12mg

**Infusion Set-up:**

**Loading Dose Infusion:** 150mg over 10min: Add 150mg Amiodarone to 150mL NS/D5W, using a 10 gtt/ml macro drip set, administer 2.5gtts/sec (aka 150 gtt/min). If using a 15 gtt/ml macro drip set, administer 3.75 gtts/sec (aka 225 gtt/min)

**Maintenance Infusion:** 1mg/min: Add 150mg Amiodarone to 150 mL NS/D5W, using a 60 gtt/ml micro drip set, administer 1gtt/sec (aka 60 gtt/min)

**Side Effects:** Bradycardia, hypotension, Torsades de pointes (particularly with patients using beta blockers and/or digoxin)

## AMIODARONE (continued)

**Physiological:  
Effects**

Amiodarone's main mechanism in addressing ventricular dysrhythmias is decreasing cardiac cell excitability by blocking potassium channels.

Secondarily, it blocks Beta-1, sodium, and calcium channels which leads to decreased SA node automaticity, slowing movement through AV node and ectopic pacemaker.  
Amiodarone increases PR and QT intervals and decreases peripheral vascular resistance.

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**Additional Info:**

While not a contraindication, Amiodarone should be administered with caution to patients with documented iodine allergy. Though rare, anaphylaxis can occur due to iodine in medication solution.

Do not administer along with other medications that prolong QT intervals.  
Potentiates bradycardia / hypotension with  $\beta$  and  $\text{Ca}^{2+}$  Channel blockers.  
Increases the risk of AV block and hypotension with  $\text{Ca}^{2+}$  Channel blockers.  
Increases anticoagulation effects of Warfarin

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