## **DILTIAZEM**

**Additional Names:** Cardizem

**Classification:** Calcium Channel Blocker, Antihypertensive

**Indications:** Atrial Fibrillation with Rapid Ventricular Response

Atrial Flutter

SVT non-responsive to Adenosine

**Acute Hypertension** 

**Angina** 

**Contraindications:** Known hypersensitivity

Heart blocks, Bradycardia

Hypotension

Sick Sinus Syndrome Ventricular Tachycardia Cardiogenic Shock

Dosages: Adult:

Narrow-Complex Tachycardia: Regular rhythm: Unresponsive to Adenosine

10mg slow IV/IO push, q5min prn, max 20mg total

Narrow-Complex Tachycardia: Irregular rhythm: Stable 10mg slow IV/IO push, q5min prn, max 20mg total.

**Pediatric:** 

\*Contraindicated\*

**Side Effects:** Hypotension, bradycardia, headache, dizziness, arrhythmias, nausea, vomiting.

Prolongation of AV node conduction may result in 2<sup>nd</sup>/3<sup>rd</sup> degree blocks.

Physiological:

**Effects** 

Inhibits the influx of calcium ions during membrane depolarization of cardiac and vascular smooth muscle, related to its ability to slow AV nodal conduction time and prolong AV nodal refractoriness. Diltiazem slows ventricular rates, interrupts the reentry circuit in AV nodal re-entry tachycardias and reciprocating tachycardias (e.g. WPW). Diltiazem also prolongs sinus cycle length and decreases peripheral vascular resistance.

**Additional Info:** Monitor heart rate and blood pressure closely.

Diltiazem should be used with caution in patients with impaired liver or renal function.

Caution should be used in pregnant females and mothers that are nursing.

Caution should be used if administered in the presence of CHF.

Caution should be used when administering Diltiazem and anesthetics.

