

Amiodarone

Contents

Amiodarone.....	1
Purpose.....	1
Scope.....	1
Associated documents.....	1
Important considerations.....	1
Medical Officers Responsibilities.....	2
Procedural Considerations	2
Measurement/Evaluation	3
References.....	3

Purpose

To ensure the correct intravenous administration for the continuous infusion of Amiodarone by authorised personnel.

Scope

- CDHB IV Certificated staff who are competent in ECG analysis
- Registered Medical Officer

Associated documents

- Notes on Injectable Drugs 6th edition 2010
- [The Blue Book](#)
- [Cardiology IV Medication & IV Infusion Protocols](#), 3rd Edition 2014
- CDHB Peripheral Intravenous Cannulation Self Learning Package, September 2013

Important considerations

- Continuous cardiac monitoring is required, defibrillator must be available.
- Compatible with 5% Glucose ONLY – use non PVC bags only (available from Cardiology).

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- Low sorbing PE/PVC tubing (blue) infusion sets via electronic infusion pump must be used.
- It is recommended that Amiodarone is infused via a CVAD. Amiodarone is very irritating to the tissues so must always be diluted prior to administration.
- If administered via a peripheral vein insert IV luers (small gauge in large vein) in both arms and alternate infusion arm every six hours. Remove IV luers on completion of infusion. Hourly phlebitis assessments and site documentation is required and encourage the patient to report any discomfort at the site.
- Supervising nurse must be trained to interpret an ECG correctly, acting on untoward variances.
- The patient should be closely observed for the first 30minutes for anaphylaxis/allergic reaction.
- Amiodarone may potentiate (increase the effects) of both Digoxin and Warfarin. Prothrombin times should be measured at least every 24 hours and Digoxin level monitored every three to five days according to response, when given in conjunction with Amiodarone.
- Thyroid functions should be checked on all patients undergoing IV Amiodarone therapy.
- Check with prescriber if oral Amiodarone and IV are both prescribed.

Medical Officers Responsibilities

- Obtain verbal consent from the patient
- Refer to the Blue Book and Notes on Injectable drugs for recommended doses and infusion variances.
- Refer to area specific standing orders where applicable

Procedural Considerations

- Refer to the Roles Responsibilities and IV policy for checking, patient identification, administration and documentation requirements
- The patient should be closely observed for the first 30 minutes for signs of anaphylaxis/allergic reaction
- Ensure the patient has
 - A baseline 12-Lead ECG is performed
 - Continuous cardiac monitoring

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- Hourly peripheral IV phlebitis assessments are performed and documented on the Adult Observation Chart.
- Full set of baseline observations are required prior to administration
- Then:
 - After 30 minutes,
 - After one hour
 - and then at least Q4H or more frequently or as the EWS management pathway indicates
- When/if the patient's heart rhythm returns to sinus rhythm, record an ECG and note the time this has occurred. Check with medical staff whether to continue the infusion.

Measurement/Evaluation

Incident management system

Canterbury and West Coast IV Link Clinical Practice Observation programme

References

- Medsafe data sheet on Crodarone X (Amiodarone) June 2011

Procedure Owner	Cardiology Services Nurse Educator
Procedure Authoriser	Chief Medical Officer & Executive Director of Nursing
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