FLECAINIDE

Trade Name	Flecainide Oral solution 20mg/mL (extemporaneously prepared by pharmacy)
Class	Class 1C antiarrhythmic
Mechanism of Action	Slows intra-cardiac conduction resulting in increased PR, QRS and QT intervals. Effect on atrioventricular conduction time and intra-atrial conduction times tends to be less than on ventricular conduction time.
Indications	Treatment of supraventricular arrhythmias not responsive to conventional therapy. Prevention and suppression of life threatening ventricular arrhythmias.
Contraindications	Structural heart abnormalities Pre-existing conduction abnormalities eg. second or third degree, block, cardiogenic shock or torsades de pointe Hypersenstivity to flecainide Use with caution in patients with renal or hepatic impairment. Correct potassium level prior to commencement of flecainide therapy
Supplied As	Oral solution 20mg/mL compounded by pharmacy
Dilution	None required
Dosage	Start at 0.5 -1 mg/kg/dose and can increase to 2 mg/kg/dose Steady state is reached after 4-5 days so dose increases should only occur after 4 days when steady state will have been reached. Dose can also be adjusted in response to plasma concentrations (see below)
Interval	8 hourly
Administration	Oral or via NG tube
Compatible With	Dextrose 5%
Incompatible With	Sodium chloride 0.9%
Interactions	Milk will decrease absorption – give the dose 1 hour prior or 2 hours after a feed Avoid other medications known to prolong Q/T interval eg: cisapride, domperidone, erythromycin, fluconazole, sildenafil

Monitoring	ECG (Q -T interval) when initiating therapy, heart rate, renal function, electrolyte balance (potassium and magnesium). Measure trough concentrations after 3-5 days of initiating therapy and following any change in diet. (Milk and food can alter oral flecainide absorption) Plasma conc for optimal response: 630-2100 nmol/L
Stability	30 days
Storage	Store at room temperature **DO NOT** refrigerate as this will cause precipitation. Do not use if there are crystals in the solution or it appears cloudy.
Adverse Reactions	New or worsened arrhythmias, dizziness, nausea, vomiting, blurred vision and headache
Metabolism	Half life (neonates) = approx 29 hours Oral bioavailability = 85- 95% Peak serum concentrations occur within 2-3 hours of an oral dose. Optimal effect may not occur for 2 -3 days. Metabolised in liver and excreted in urine
References	1. Neofax 2007 2. BNF for Children 2007 3. Drug Doses (Frank Shann 2005) 4. CCDHB Neonatal Unit Guideline 5. Paediatric Pharmacopoeia, 1st Edition
Updated By	A Lynn, B Robertshawe Nov 2008 A Lynn, B Robertshawe June 2012 (re-order profile), Aug 2013 alter level units A Lynn, B Robertshawe Oct 2017 (change concentration) A Lynn, M Wallenstein, B Robertshawe Jan 2021 (review/update)