SOTALOL HYDROCHLORIDE

Trade Name	Sotacor® Injection (Aspen)
Class	Non-cardioselective beta blocker with class III anti arrhythmic activity
Mechanism of Action	Sotalol slows the heart rate and prolongs the duration of the cardiac action potential
Indications	Ventricular tachycardia, supraventricular tachycardia (Initiated under specialist supervision with ECG monitoring and measurement of corrected QT interval)
Contraindications	Asthma Cardiac - right ventricular failure secondary to pulmonary hypertension, sinus bradycardia, congenital or acquired QT prolongation, torsades de pointes Severe renal impairment Hypokalaemia and/or hypomagnesaemia Known hypersensitivity to sotalol hydrochloride or its excipients Use with caution in patients with a history of allergy / bronchospasm
Supplied As	**IV:** 10mg/mL 4mL ampoule **Oral:** 10mg/mL (repacked by pharmacy)
Dilution	**IV** : **Vial** | **0.9% Saline** | **Total Volume** | **Concentration** 10mg (1mL) | 9mL | 10mL | **1mg/mL** **If the dose volume is <0.5mL then will need to further dilute** before infusing via the T34 pump (see T34 protocol) **Oral:** N/A
Dosage	**IV:** 0.5 to 1.5mg/kg/dose. **Oral:** 1 to 2mg/kg/dose up to a max of 4mg/kg/dose if required
Interval	8 hourly
Administration	**IV:** Slow IV infusion over 10minutes Not recommended to be given by IM, Direct IV or Continuous infusion
Compatible With	Sodium chloride 0.9%, Dextrose 5%
Incompatible With	Do not mix with any other medications

Interactions	Amiodarone: Bradycardia and hypotension – mechanism uncertain Diuretics: possible increase in risk of torsades de pointes due to hypomagnesaemia or hypokalaemia. Flecainide: Bradycardia, AV block, cardiac arrest. Chlorpromazine: hypotension Other drugs that may increase the risk of side adverse effects if given in combination with sotalol include; other beta blockers, calcium channel blockers, digoxin, other antiarrhythmic drugs and drugs known to cause QTc prolongation eg: erythromycin, lignocaine, salbutamol
Monitoring	ECG monitoring
Stability	**IV:** Discard any unused portion of the vial immediately after use. **Oral:** 7 days in the fridge at 2- 8 ^{o}C
Storage	**Unopened vials:** room temperature, **Repacked solution for oral use:** 7 days in the fridge
Adverse Reactions	Proarrhythmic effect (incidence ~10%) –SA block, AV block, torsades de pointes, ventricular ectopic activity Fatigue, dyspnoea, headache, hypotension, rash, diarrhoea, vomiting
Metabolism	Sotalol is minimally metabolised in the liver. It is predominantly (75%) excreted by the kidneys as unchanged drug.
Comments	Excessive bradycardia caused by sotalol infusion can be reversed using Atropine - see profile for Atropine Sulphate for details. If possible oral sotalol should be taken on an empty stomach.
References	1. BNF for Children 2007 2. ADHB New Born Services Drug Protocol 3. Micromedex 4. www.medsafe.govt.nz/datasheet 5. NZHPA Notes on Injectable Drugs 5th Edition
Updated By	A Lynn and B Robertshawe June 2008 A Lynn, B Robertshawe, F Robertson May 2009 (new pumps) A Lynn, B Robertshawe September 2009, June 2010 Guardrail off A Lynn, B Robertshawe Dec 2012 (re-order profile)