

PROTOCOL FOR: Amiodarone: IV Infusion

- POLICY:
1. IV infusions of Amiodarone are to be administered in critical care areas only, where patient is on a cardiac monitor.
 2. Amiodarone continuous infusions must be administered in glass containers, on an infusion pump.

DESIRED
PATIENT OUTCOME:

1. Patient/Family will understand the need for anti-arrhythmic therapy.
2. Atrial and/or ventricular arrhythmias will be controlled.
3. Patient will not suffer negative side effects of Amiodarone.

CLINICAL
ASSESSMENT
AND CARE:

A. Prior to Starting Infusion:

1. Validate solution concentration per MD order:

Suggested concentration: Bolus (drip): 150 mg/100ml D5W bag
Infusion: 450 mg/250 ml D5W-in glass container.

2. Perform baseline assessment:

- a. LOC
- b. VS: BP, HR and Respirations
- c. Place patient on continuous ECG monitor
- d. Baseline rhythm with QRS and QT intervals measured
- e. Ascertain if patient will receive a bolus prior to starting the infusion.

B. Initiating the infusion for Atrial Fibrillation/Atrial Flutter:

1. Establish IV access. To piggyback the infusion with another solution, check compatibility chart.
2. If a bolus is ordered, administer 150mg in 100ml D5W over 10 minutes. Check BP and rhythm frequently during bolus. If the systolic BP falls below 100 mm Hg, slow the bolus rate by one-half and notify the covering physician/APRN.
3. After bolusing, begin infusion of 450mg in 250ml D5W (mixed in polyolefin bag or glass container) at 1 mg/min and infuse for 6 hours. After 6 hours, decrease infusion to 0.5mg/min for 18 hours.
4. At the end of 24 hours, consult physician for instructions regarding subsequent dosing.

C. Initiating the infusion for Ventricular Tachycardia/Ventricular Fibrillation

1. Bolus with 300mg of Amiodarone in 20ml of D5W - may be given IVP over 3-5 minutes.
2. After bolusing, begin infusion as in step 3 for atrial fibrillation.

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D. Ongoing Care:

1. Monitor EKG continuously.
2. Monitor QT intervals on EKG strip q 4 hours and PRN. Notify physician/APRN if QT interval lengthens to ≥ 500 msec. (QT prolongation may be associated with worsening arrhythmias, including torsades de pointe.)
3. Monitor VS and BP q. 5 minutes during the initial bolus and start of the infusion, then q 4^o and PRN.
4. Promptly report hypotension, bradycardia, or worsening arrhythmias (i.e. torsades de pointe) to the physician/APRN.

E. Discontinuing the Infusion:

1. There is no need to wean the infusion, simply stop.
2. Patients are normally started on oral Amiodarone after the infusion has been stopped.

APPROVAL: ICU Standards Committee
Nursing Standards Committee

EFFECTIVE
DATE: 11/03

REVISION
DATES: 4/04, 11/05, 11/08

REVIEW DATE: 2/06, 10/09