

PROTOCOL FOR: Ibutilide (Corvert) Infusion for Treatment of Atrial
Tachyarrhythmia

- POLICY:
1. Ibutilide may only be ordered by a Cardiology attending or fellow, or LIP from the Electrophysiology Lab.
 2. It is recommended that the physician/LIP remain on the unit during the duration of the infusion.
 3. Patient must be on a cardiac monitor during infusion and for 4 hours post-infusion.
 4. Infusion must be on an infusion control pump.
 5. Ibutilide should be used with extreme caution if C1A anti-arrhythmics have been used due to risk of pro-arrhythmic events.

DESIRED
PATIENT
OUTCOMES:

1. Patient will maintain hemodynamic stability during infusion.
2. Patient will convert to baseline rhythm.

CLINICAL
ASSESSMENT
AND CARE:

1. Obtain baseline vital signs, rhythm strip with QT interval, EKG and labs as ordered; suggest validating normal electrolytes (especially potassium and magnesium) prior to treatment. Electrolyte replacement or supplementation may be ordered.
2. Prepare infusion: dilute 1 mg in 50 ml (10ml vial) D5W or 0.9NS; dilutes to 0.017 mg/ml.
3. Administer initial infusion:

60kg (132 lb.) or more: 1 mg over 10 minutes (entire 50ml bag)

< 60 kg: 0.1 mg/kg over 10 min.

Note: lower doses should be considered if infusing via a central line.
4. If the arrhythmia doesn't terminate within 10 minutes after the end of the initial infusion, a second infusion may be ordered - same dose and times; consult with MD.
5. Monitor vital signs q 5 minutes during infusion and up to 10 minutes after completion of the infusion, then q 30 minutes X2. Be alert for new ventricular ectopy, as Corvert does have a pro-arrhythmic potential. Hypotension can also occur.

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6. Obtain rhythm strip at 10 minutes and 4 hours after completion of dose, noting QT-intervals particularly, as QT prolongation can occur. Obtain 12-lead EKG at 4 hours if ordered.
7. Stop the infusion as soon as the presenting arrhythmia is terminated or if new or worsened ventricular arrhythmias develops during the infusion, or for significantly prolonged QT interval.

PATIENT EDUCATION: 1. Inform patient/family about medication, need for ECG monitoring, frequent vital signs.

2. Instruct patient to report any complaints, specifically: dizziness, headache, nausea, skin itching.

APPROVAL: Nursing Standards Committee
ICU Standards Committee

EFFECTIVE DATE: 10/99

REVISION DATES: 8/02, 10/03, 2/06, 10/09

REVIEWED DATES: 9/08