

	M14 - AMIODARONE	
	Version date: 2025-04-09	Effective date: 2025-04-30 (07:00)
ERS HIGH-ALERT MEDICATION (A03)		

INDICATIONS
<ul style="list-style-type: none"> • Cardiac arrest due to ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT) that has not responded to at least one shock, one cycle CPR, and one dose of epinephrine (table A) • Maintenance of a stable rhythm after a return of spontaneous circulation (table B) • Maintenance of normal sinus rhythm after electrical cardioversion of an unstable tachycardia, or chemical cardioversion of stable monomorphic wide-complex tachycardia <u>if the time to medical care will be delayed</u> (table C)

WARNINGS
<p>ABSOLUTE CONTRAINDICATIONS:</p> <ul style="list-style-type: none"> • Hypersensitivity to amiodarone or iodine • Hypotension, hypoperfusion, or cardiogenic shock ¹ • Bradycardia • Atrioventricular node block
<p>USE WITH CAUTION:</p> <ul style="list-style-type: none"> • Heart failure • Prolonged QTc • Bundle branch block

TABLE A: CARDIAC ARREST	
INTRAVENOUS (INTRAOSSEOUS)	ICP / ACP
<p>ADULTS:</p> <ul style="list-style-type: none"> • 300 mg by rapid push followed by saline flush • Repeat 150 mg by rapid push (with saline flush) <u>once</u> in 5 minutes if VF / VT persists <p>INFANTS / CHILDREN / ADOLESCENTS:</p> <ul style="list-style-type: none"> • 5 mg/kg (maximum = 300 mg) by rapid push followed by saline flush • Repeat 5 mg/kg by rapid push (with saline flush) every 5 minutes <u>up to 2 more times</u> if VF / VT persists • Maximum total dose = 15 mg/kg 	

TABLE B: MAINTENANCE OF NORMAL SINUS RHYTHM AFTER CARDIAC ARREST (ROSC)²**AMIODARONE NOT GIVEN DURING RESUSCITATION**

INTRAVENOUS (INTRAOSSEOUS)

ICP / ACP

ADULTS:

- Loading dose = 300 mg by slow push over 10 minutes
- Initiate infusion of 1 mg/min (total = 360 mg) over 6 hours by pump or IV drip

AMIODARONE GIVEN DURING RESUSCITATION

INTRAVENOUS (INTRAOSSEOUS)

ICP / ACP

ADULTS:

- Do not administer loading dose
- Initiate infusion of 1 mg/min (total = 360 mg) over 6 hours by pump or IV drip

TABLE C: POST ELECTRICAL CARIOVERSION / CHEMICAL CARIOVERSION

INTRAVENOUS (INTRAOSSEOUS)

ACP

ADULTS:

- Loading dose = 150 mg by slow push over 10 minutes
- Initiate infusion at 1 mg/min (total = 360 mg) over 6 hours by pump or IV drip

NOTES

1. Too rapid administration of amiodarone can result in hypotension. Amiodarone loading must be done by slow push. If administering by infusion and hypotension develops, slow the infusion rate. If hypotension persists, discontinue the infusion.
2. Evidence suggests that antiarrhythmic therapy reduces the risk of recurrent malignant ventricular dysrhythmias after VF / VT arrest of unknown etiology in adult patients. If the time to medical care will be delayed, consider amiodarone administration even with normal sinus rhythm.
3. For pediatric patients, information supporting antidysrhythmic administration after VF / VT arrest or electrical cardioversion of an unstable tachycardia is sparse. Underlying causes should be corrected and recurrent ventricular dysrhythmias should be treated as per C06.2
4. If administering an infusion by IV drip, check frequently to ensure the correct drip rate is maintained.

LINKS
<ul style="list-style-type: none"> • A03 - High Alert Medications • C02 - Advanced Cardiac Arrest • C06.1 - Tachycardia (adult) • C06.2 - Tachycardia (pediatric)

APPROVED BY	
	
Provincial Medical Director	Associate Provincial Medical Director

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none"> • Addition of ACP work scope • Addition of continuous infusion for maintenance after ROSC or electrical cardioversion • Revised contraindications & cautions