## **AMIODARONE - Intravenous**

**INDICATION** Treatment of arrhythmias

PRESENTATION 150mg / 3mL ampoule

300mg / 6mL ampoule

LOADING DOSE	IV: 300mg
MAINTENANCE DOSE	IV: 900mg over 24 hours

RECONSTITUTION & ADMINISTRATION

The loading dose should be added to 250ml of glucose

5% and administered over 30 minutes.

For the initial maintenance doses, add 900mg

amiodarone to 500mL glucose 5% and administer at a

rate of 21mL/hour.

See administration chart overleaf

MONITORING ECG monitoring required

LFTs and TFTs at baseline and every 6 months

**OTHER COMMENTS** Amiodarone injection is irritant to veins so give via a

central line when possible. Check vascular access site

regularly for any signs of irritation.

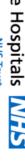
Amiodarone interacts with many other drugs (eg:

simvastatin, warfarin, digoxin) - consult BNF for full

details.

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## The Pennine Acute Hospitals **NHS NHS Trust**



## **AMIODARONE**

Administration Record Intravenous Infusion

See overleaf for prescribing guidance

Date:

in 250mL glucose 5% over 30minutes Amiodarone 300mg

Doctor Sign and PRINT

Pharm

Batch

Start

Sign Witness

Volume

Stop

**ADMINISTRATION RECORD** 

**LOADING DOSE:** 

Sign (NAME)	ALLERGY STATUS: Medicine / Substance	It is mandatory to complete this section	
Date	Reaction	his section	

First name:	Surname:		
Hospital No:	NHS No: DOB:	DOB:	
Consultant: Ward:	<b>×</b>	Ward:	Hosp:
Use addressograph label			

MAINTENAN	MAINTENANCE DOSE: Continuous infusion					ADMINI	ADMINISTRATION RECORD	RECORD	
Date:	Amindown Oodma	Rate	Doctor Sign and PRINT	Pharm	Batch	Start	Sign	Volume	Stop
Date:	Amiodarone 900mg	<u>ء</u>							
	in 500mL glucose 5% over 24hours	mL/hour					Witness		
Date:	Amiodarone 900mg	Rate	Doctor Sign and PRINT	Pharm	Batch	Start	Sign	Volume	Stop
	in 500mL glucose 5% over 24hours	mL/hour					Witness		
Date:	Amiodarone 900mg	Rate	Doctor Sign and PRINT	Pharm	Batch	Start	Sign	Volume	Stop
	in 500mL glucose 5% over 24hours	<b>21</b> mL/hour					Witness		
Date:	Amiodarone ma	Rate	Doctor Sign and PRINT	Pharm	Batch	Start	Sign	Volume	Stop
	5% ove	<b>21</b> mL/hour					Witness		
Date:	Amiodaronemg	Rate	Doctor Sign and PRINT	Pharm	Batch	Start	Sign	Volume	Stop
	5%	<b>21</b> mL/hour					Witness		

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