Amiodarone

ADULT DOSING – Amiodarone (50 mg/mL)			
Indication	**Route**	**Dose**	**Notes**
Ventricular Fibrillation (V-Fib) Pulseless Ventricular Tachycardia (pVT) Cardiac Arrest	IV/IO	300 mg (first dose) 150 mg (second dose)	4 minutes between 1st and 2nd doses
Wide Complex Tachycardia with a Pulse OMCP V-fib or pVT post-resuscitation care OMCP Recurrent Hemodynamically Unstable Ventricular Tachycardia with a Pulse OMCP	IV/IO Infusion	150 mg Infused over 10 minutes	Infuse over 10 minutes **LEAD PARAMEDIC ONLY**

PEDIATRIC DOSING – Amiodarone (50 mg/mL)			
Indication	**Route**	**Dose**	**Notes**
Ventricular Fibrillation Pulseless Ventricular Tachycardia (pVT) Cardiac Arrest	IV/IO push	5 mg/kg (first dose) **Max dose: 300 mg** 5 mg/kg (second dose) **Max dose: 150 mg**	4 minutes minimum between 1st and 2nd dose
V-fib or pVT post-resuscitation care OMCP	IV/IO Infusion	5 mg/kg **Max dose: 150 mg** Infused over 20 minutes	Infuse over 20 minutes **LEAD PARAMEDIC ONLY**

Brand Names: Cordarone®, Pacerone®

Contraindications: Without a pulse – None

With a pulse – bradycardia, second- or third-degree AV block, Cardiogenic shock, Hypotension

Pregnancy: Class D (see notes below)

Drug Class: Antiarrhythmic, Primarily class III but has characteristics of all of the classes

Mechanism of action: Prolongs the duration of the action potential and refractory period of all Cardiac fibers. Depresses the Phase 0 slope by causing a sodium blockade. Causes a Beta block as well as a weak calcium channel blockade. Primarily a Potassium-channel blocker (Class III antiarrhythmic), blocks the potassium channels that are responsible for phase 3 repolarization. Blocking these channels slows (delays) repolarization, which leads to an increase in action potential duration and an increase in the effective refractory period (ERP). Relaxes vascular smooth muscle, decreases peripheral vascular resistance, and increases coronary contractility.

Adverse Reactions:
Minor: Increased QT_C interval
Major: Bradycardia, Hypotension, Anaphylaxis, Ventricular tachycardia, AV block

Precautions: --

Guidelines:
Cardiac – Ventricular Fibrillation (VF)/Pulseless Ventricular Tachycardia (pVT)
Cardiac – Wide Complex Tachycardia with a Pulse
Cardiac – Return of Spontaneous Circulation (ROSC)

Notes:

- EMS use during pregnancy should be avoided if lidocaine is available and effective, but is permissible with Online Medical Consultation OMCP
- Remember, the majority of pediatric cardiac arrests are *respiratory* induced. Make sure to correct the respiratory/hypoxia/hypercapnia in conjunction with the cardiac dysfunction