Gloucestershire Hospitals
NHS Foundation Trust

Amiodarone Loading Dose Regimen

1. Background

The pharmacokinetics of amiodarone are unusual and complex. A loading dose is required when initiating treatment. This may be given orally or intravenously depending on the clinical situation.

2. Oral administration:

Use oral administration wherever possible. 10-15g of amiodarone is required to load a patient. Prescribe as per one of the following schedules depending on clinical urgency and risk of bradycardia:

Standard oral loading:	Rapid oral loading:
Amiodarone 200mg tds for 7 days, then: Amiodarone 200mg bd for 7 days, then: Amiodarone 200mg od thereafter (maintenance dose)	Amiodarone 400mg tds for 7 days, then: Amiodarone 200mg od thereafter (maintenance dose)

Ensure the words **"loading dose"** are included in the additional instructions/indication section of the drug chart.

3. Intravenous administration

Extravasation of amiodarone can cause significant tissue damage including necrosis. Asymptomatic blue-grey discolouration of exposed areas can also occur.

IV loading should only be performed when a rapid response is required.

IV amiodarone must be administered via a central line. The only exception is the treatment of cardiac arrest; in this situation amiodarone may be administerd peripherally with extreme care to avoid extravasation.

Intravenous amiodarone administration guide click here

If there is absolutely no alternative to peripheral administration (and rapid oral loading is not appropriate), amiodarone should be administered via a 20 gauge cannula in the antecubital fossa. Use of a smaller cannula in a larger vein allows greater haemodilution of substances as they are administered intravenously. Exercise extreme caution and monitor the site regularly for extravasation.

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How to Recognise Extravasation:

- Pain at the IV site may be modest or severe, usually burning or stinging. There may be erythema, swelling and tenderness, and lack of blood return from the cannula. Not all of these symptoms may be present.
- Local blistering is indicative of at least a partial-thickness skin injury. There may also be mottling and darkening of the skin, persistent pain, and firm induration.
- Early firm induration, has been shown to be a reliable sign of eventual ulceration.
- When the full thickness of the skin is damaged, the surface may appear very white and cold with no capillary filling, and later may develop a dry, black eschar.
- Ulceration is not usually evident until one or two weeks after the injury when the eschar sloughs to reveal the underlying ulcer cavity. Ulcers have a typical necrotic, yellowish fibrotic base with a surrounding rim of persistent erythema.

Management of Extravasation:

There is no specific treatment for amiodarone-induced extravasation.

- If extravasation is suspected, stop amiodarone immediately.
- Aspirate as much of the drug from the tissue as possible and remove canula.
- Mark the affected area with a pen (to monitor progress of treatment)
- Elevate the affected limb
- Apply a cold compresses to limit spread of the drug into tissue
- Give pain relief as appropriate
- Involve tissue viability nurse in care of the injury as soon as possible
- Document all information related to amiodarone-induced extravasation, and treatment given, in the patient's medical notes and complete a DATIX incident report.

References:

Summary of Product Characteristics for Cordarone X® (amiodarone) last updated on the eMC: 15/04/2011. http://emc.medicines.org.uk/
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The National Extravasation Information Service www.extravasation.org.uk (Accessed 10th May 2011)
Jackson A. Performing peripheral intravenous cannulation. Professional Nurse October 1997; 13: 21-23