



## NEONATAL MEDICATION PROTOCOLS

**AMIODARONE**  
 Created by: NCCU  
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NCCU Clinical Guidelines  
 KEMH/PMH  
 Perth, Western Australia

<b>DRUG:</b>	<b>AMIODARONE</b>
<b>PRESENTATION:</b>	Ampoule: 150mg/3mL Oral Suspension: 5mg/mL (PMH formulation)
<b>ACTION &amp; INDICATION:</b>	Amiodarone is an antiarrhythmic agent used to control ventricular and supraventricular arrhythmias.
<b>DOSE:</b>	<b>IV:</b> Loading dose of 5 mg/kg over 30 minutes then; 5 microgram/kg/minute (up to 15 microgram/kg/minute, if needed) as a continuous infusion. Taper the IV infusion and switch to oral therapy as soon as possible.  <b>ORAL:</b> Initially 5–10 mg/kg twice daily for 7–10 days, then reduced to maintenance dose of 5–10 mg/kg once daily.
<b>PREPARATION:</b>	<b>Diluent:</b> Glucose 5% only.  <b>Intravenous bolus:</b> Dilute to 1 to 2mg/mL with glucose 5%.  <b>Intravenous Infusion:</b> To give a dose of 5 microgram/kg/minute when infused at 1mL/hour: Take 15mg of amiodarone per kg of baby's weight (0.3mL/kg) and dilute to 50mL with glucose 5% (only).
<b>ADMINISTRATION:</b>	<b>ORAL:</b> Amiodarone should be given at the same time with relation to food.  <b>IV:</b> Give over at least 30 minutes. Administration times of 60 minutes or longer have been used.  <b>NON-PVC IV TUBING SHOULD BE USED.</b>
<b>ADVERSE EFFECTS:</b>	Rapid IV administration is associated with hypotension and dysrhythmias. Nausea, vomiting, raised serum transaminases, jaundice, bradycardia, pneumonitis, pulmonary fibrosis, tremor, hypothyroidism, hyperthyroidism, reversible corneal microdeposits, phototoxicity, persistent slate-grey skin discolouration. Less commonly - worsening of arrhythmia, sinus arrest, peripheral neuropathy and myopathy, bronchospasm, ataxia, benign intracranial hypertension, vertigo, haemolytic or aplastic anaemia, thrombocytopenia, rash, hypersensitivity including vasculitis, alopecia, anaphylaxis on rapid injection.
<b>COMMENTS:</b>	Ampoules of amiodarone contain benzyl alcohol. Large amounts of benzyl alcohol in neonates have been associated with "gaspings syndrome". This is a potentially fatal condition characterised by metabolic acidosis, respiratory distress, gasping respirations, convulsions, intracranial haemorrhage, hypotension and cardiovascular collapse. Amiodarone should <b>not</b> be used in patients with sinus bradycardia or sinoatrial heart block. Thyroid, liver and pulmonary function should be monitored during amiodarone therapy.
<b>REFERENCES:</b>	Pediatric and Neonatal Dosage Handbook, 19 <sup>th</sup> ed. BNF for Children, 2013. MIMS, 2013.
<b>DATE:</b>	August 2013