



Jackson Hole Fire/EMS Operations Manual

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Title: **Medication Protocol:
Amiodarone**

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AMIODARONE (Cordarone) (Medication Protocol)

EMT-INTERMEDIATE PROVIDERS

CARDIAC ARREST- STANDING ORDER

WIDE COMPLEX TACHYCARDIA- NOT AUTHORIZED

PARAMEDIC PROVIDERS

STANDING ORDER

CLASS: Class III Antidysrhythmic agent (with multiple other class properties)

PHARMACOLOGY/ ACTIONS: Prolongs the action potential duration and effective refractory period, and when given short-term IV, probably includes noncompetitive beta-adrenoreceptor and calcium channel blocker activity

ONSET/DURATION: Onset: within minutes / Duration: Varies

USE IN FIELD/ INDICATIONS:

- Ventricular Fibrillation (V-Fib)/pulseless Ventricular Tachycardia (V-Tach)
- Hemodynamically unstable Ventricular-Tach with a pulse
- With medical control contact Amiodarone may be used for treatment of some other atrial and ventricular dysrhythmias.

RELATIVE CONTRAINDICATIONS: Pulmonary congestion, cardiogenic shock, hypotension, bradycardia and known sensitivity. No contraindications if in cardiac arrest or unstable dysrhythmia.

SIDE EFFECTS: Hypotension, headache, dizziness, bradycardia, AV conduction abnormalities, flushing, and abnormal salivation

DRUG INTERACTIONS: Multiple complex drugs interactions.

HOW SUPPLIED: 150 mg (50 mg/mL) vials

ROUTE: IV, IO

DOSAGE: **ADULT** **PEDIATRIC (<45 kg)**

PULSELESS ARREST

(STANDING ORDER FOR PARAMEDIC & EMT-Int.)

300 mg rapid IV bolus dose
followed once by 150 mg in 3-5
minutes (if needed).

5 mg/kg rapid IV bolus dose
followed once by 5 mg/kg dose in 5
minutes (if needed).

WIDE COMPLEX TACHYCARDIA

(STANDING ORDER- PARAMEDIC ONLY)

Loading dose of 150 mg over 10
minutes (15mg/min) IV or IO.
(Mix 150 mg in 100 ml D5W,
infuse over 10 minutes). May be
repeated as necessary for recurrent
or refractory dysrhythmias

Loading dose: 5 mg/kg IV/IO over
20-60 min (max dose: 15
mg/kg/day)

PREGNANCY SAFETY: Category D – Positive evidence for risk to fetus, but benefit to mother may outweigh risk to fetus

COMMENTS: Continuous ECG monitoring is required. Slow infusion or discontinue if bradycardia or AV blocks occur. Maintain drug at room temp and protect from excessive heat.