



# 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)
	<u>PULSELESS ARREST</u> <b>(STANDING ORDER FOR PARAMEDIC &amp; EMT-Int.)</b>	
	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)
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**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.