

**ORANGE COUNTY EMS  
PARAMEDIC PHARMACOLOGY HANDBOOK**

<b>MEDICATION:</b> AMIODARONE HYDROCHLORIDE (Cordarone™)	<b>ADULT DOSE</b>	<b>PEDIATRIC DOSE</b>	<b>SIDE EFFECTS</b>	<b>PRECAUTIONS/COMMENTS</b>
<p><b>CLASSIFICATION:</b> Antidysrhythmic</p> <p><b>MECHANISM OF ACTION:</b></p> <ul style="list-style-type: none"> <li>• Delays cardiac conduction.</li> <li>• Prolongs cardiac muscle action potential.</li> <li>• Delays repolarization.</li> <li>• Suppresses ventricular ectopy.</li> </ul> <p><b>INDICATIONS:</b></p> <ul style="list-style-type: none"> <li>• Ventricular fibrillation and ventricular tachycardia without a pulse.</li> <li>• Unstable ventricular tachycardia with a pulse.</li> </ul> <p><b>CONTRAINDICATIONS:</b></p> <ul style="list-style-type: none"> <li>• Second and third degree heart block.</li> <li>• Bradycardia.</li> </ul> <p><b>DOSAGE FORM:</b></p> <ul style="list-style-type: none"> <li>• 50mg / mL, in vial or prefilled syringe</li> </ul>	<ul style="list-style-type: none"> <li>• Initial dose: <ul style="list-style-type: none"> <li>– VF / pulseless VT: 300 mg IVP/IO.</li> <li>– VT unstable: 150 mg IVP/IO over 1 minute.</li> </ul> </li> <li>• Subsequent dose: <ul style="list-style-type: none"> <li>– 150 mg IVP/IO, given after 5 minute interval.</li> </ul> </li> <li>• Maximum (total) dose: <ul style="list-style-type: none"> <li>– 450 mg for VF or pulseless VT.</li> <li>– 300 mg for unstable VT.</li> </ul> </li> </ul> <p>ET: Cannot be given via ET route.</p>	<ul style="list-style-type: none"> <li>• Initial dose: <ul style="list-style-type: none"> <li>– 5 mg/kg slow IVP/IO.</li> </ul> </li> <li>• Subsequent doses: <ul style="list-style-type: none"> <li>– 5 mg/kg at 5 minute intervals.</li> </ul> </li> <li>• Maximum (total) dose: <ul style="list-style-type: none"> <li>– 15 mg/kg or 300 mg total dose.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Hypotension.</li> <li>• Bradycardia.</li> <li>• Heart Block.</li> <li>• Prolonged QT interval.</li> <li>• Interaction with beta-blockers and calcium channel blockers to cause heart block, potential asystole.</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid IV administration may cause hypotension.</li> <li>• If AICD discharge <math>\geq 2</math> firings or patient unstable after AICD discharge (loss of consciousness, poor vital signs, or recurrent ventricular arrhythmia), base hospital may consider amiodarone 150 mg IV.</li> </ul>

