

**AMIODARONE (CORDARONE)**

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**Description**

Amiodarone has multiple effects showing Class I, II, III and IV actions with a quick onset. The dominant effect is prolongation of the action potential duration and the refractory period.

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**Indications**

- Pulseless arrest in patients with shock refractory or recurrent VF/VT
  - Wide complex tachycardia not requiring immediate cardioversion due to hemodynamic instability
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**Contraindications**

- 2<sup>nd</sup> or 3<sup>rd</sup> degree AV block
  - Cardiogenic shock
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**Precautions**

- Wide complex irregular tachycardia
  - Sympathomimetic toxidromes, i.e. cocaine or amphetamine overdose
  - NOT to be used to treat ventricular escape beats or accelerated idioventricular rhythms
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**Adverse Reactions**

- Severe hypotension
  - Bradycardia
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**Dosage and Administration****Adult:****Pulseless Arrest (Refractory VT/VF)**

- 300 mg IV bolus.
- Administer additional 150 mg IV bolus in 3-5 minutes if shock refractory or recurrent VF/VT.

**Symptomatic wide complex tachycardia with a pulse (CONTACT BASE)**

- 150 mg IV bolus infusion over 10 minutes. (Mix in D5W only)
- Maintenance Infusion: 0.5-1mg/min IV Pump<sup>1</sup> (Mix in D5W only)

**Pediatric:****Pulseless Arrest (Refractory VT/VF)**

- 5mg/kg IV over 3-5 minutes. (CONTACT BASE for additional doses)
  - 300 mg single max dose
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**Protocol**

- [Adult Universal Pulseless Arrest Algorithm](#)
  - [Pediatric Universal Pulseless Arrest Algorithm](#)
  - [Adult Tachycardia with Poor Perfusion](#)
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**Special Considerations**

- A 12-lead EKG should be performed and documented, when available.  
Amiodarone is preferred to adenosine for treatment of undifferentiated WCT with a pulse.
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<sup>1</sup> Dosing for drip found in Critical Care App 2022, Beringer Group. IV pump permits increased control of infusion.  
Approved by Laramie Fire Department Medical Director March 1, 2024