

Allergies: _____

NURSING INTERVENTIONS:

Cardiac monitoring
QT_c every shift
Vital signs every 10 - 15 minutes X 1 hour; then every 30 minutes for 4 hours, then every 4 hours

Notify physician if:

QT_c 500 ms or greater
SBP less than 90 or HR less than 60
Recurrent V-Tach or AV Block
Bolus dose given (V-Tach/ V-Fib)
Infusion rate decreased for decreased BP, HR

IV THERAPY:

IV Fluid: 0.9% NS 200 mL IV bolus PRN SBP less than 90. May repeat X 1

LABORATORY/ DIAGNOSTICS:

Comprehensive Metabolic Panel daily
Magnesium daily

MEDICATIONS: (Check box to activate)

Incompatible with: aminophylline, ceFAZolin, heparin, sodium bicarbonate
Central line required if final concentration greater than 2 mg/ mL

Maximum total daily dose = 2100 mg

VENTRICULAR TACHYCARDIA/ VENTRICULAR FIBRILLATION:

LOADING DOSE: amiodarone 150 mg IV over 10 minutes X 1	Ventricular Tachycardia Ventricular Fibrillation/ IV
INFUSION: amiodarone to infuse at 1 mg/ minute X 6 hours, then decrease to 0.5 mg/ minute Discontinue infusion for AV block. For SBP less than 90 or HR less than 60, decrease infusion rate by ½	
BOLUS: amiodarone 150 mg IV over 10 minutes PRN. May repeat X 2	
<input type="checkbox"/> DOPamine infusion per <i>Critical Care Titration Guidelines</i> if volume resuscitation ineffective. Administer in CCU only	SBP less than 90

ATRIAL FIBRILLATION:

LOADING DOSE: amiodarone 300 mg IV over 60 minutes X 1	Atrial Fibrillation IV
INFUSION: amiodarone to infuse at 0.625 mg/ minute X 24 hours then start PO amiodarone according to the below schedule	
ORAL: amiodarone 400 mg PO TID X 3 days then amiodarone 400 mg PO BID X 3 days then amiodarone 200 mg PO BID X 3 days then amiodarone 200 mg PO daily	Atrial Fibrillation PO

Physician Signature

Date

Time



AMIODARONE ORDERS

P0076B (Rev 1210) White - Chart/ Scan to Pharmacy