



PLEASE STAMP BELOW

HURON PERTH HEALTHCARE ALLIANCEAllergies: ☐ NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA AMIODARONE INFUSION ORDER SET**VITALS/MONITORING:**

- ☒ BP Q1H X 2H upon initiation of infusion then Q4H while on infusion
☒ Cardiac monitoring while on infusion

INVESTIGATIONS:

- ☐ LYTRES, CREA
☐ MAG – Call MRP if less than 0.7
☐ ECG-12 lead
☐ TSH
☐ LIVER panel (includes TP, ALB, BILT, AST, ALT, GGT, LD)
☐ PT/INR
☐ Other: _____

If not recently performed:

- Strongly consider LYTRES, CREA, MAG, ECG prior to Amiodarone start
- Consider TSH, LIVER panel within 48 hours of Amiodarone Infusion
- Consider spirometry if long term Amiodarone Infusion

IMAGING:

- ☐ CXR Reason: "Initiating amiodarone; is there any interstitial lung disease."

MEDICATIONS:

- ☒ Prior to administration of Amiodarone, prime IV line with 5% Dextrose
☒ Administer Amiodarone using IV tubing with 0.22 micron filter
☐ Amiodarone 150 mg IV in Dextrose 5% 100 mL over 10 minutes
☐ Amiodarone 900 mg in Dextrose 5% 500 mL (polyolefin – non PVC bag) at 0.63 mg per minute (21 mL per hour x 24 hours then MRP to reassess)
☐ Amiodarone 150 mg IV in Dextrose 5% 100 mL over 10 minutes if breakthrough episode of ventricular fibrillation or tachycardia if HR greater than _____. Single dose then continue amiodarone infusion as directed IF selected previously.

Then:

- ☐ Continue IV Amiodarone
☐ Amiodarone 400 mg PO TID x 9 days
☐ Amiodarone 400 mg PO BID x 14 days
☐ _____

Maintenance Therapy:

- ☐ Amiodarone 200 mg PO daily OR
☐ Amiodarone

OTHER ORDERS:

- Consider outpatient PFTs
☐ Bedside Spirometry

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