Amiodarone

Acute isolated oral overdose of amiodarone does not normally produce significant clinical toxicity.

Toxicity / Risk Assessment

Clinical toxicity is rarely seen in isolated ingestions

Cardiovascular toxicity is more likely with co-ingestants :-

tricyclic antidepressants, calcium channel antagonists, beta-blockers and digoxin

The elderly, patients with co-existing cardiovascular disease and those with electrolyte abnormalities are at increased risk of toxicity

Therapeutic intravenous dosing is associated with idiosyncratic liver toxicity (rare)

Clinical features:

- Nausea, vomiting, diaphoresis
- QT prolongation, bradycardia, AV block, hypotension,
- Torsade de Pointes (TdP) is rare

**Adverse effects seen in chronic therapeutic dosing do not occur following acute overdose*

Management

Management is supportive

Correct electrolyte abnormalities

Patients who develop adverse cardiovascular effects should be discussed with a clinical toxicologist

Hypotension should initially be treated with administration of intravenous crystalloid

Decontamination:

Activated Charcoal 50 g can be considered for ingestions >1g up to 2 hours post ingestion

Management of ↑QT Interval (*see separate QT prolongation guideline*)

– CVS monitor + maintain normal serum Ca^{2+}, K^{+}, Mg^{2+} concentrations

Management of TdP (*see separate QT prolongation guideline*)

- $MgSO_4$ 10 mmol (2 g) as IV push (if unconscious or pulseless: electrical defibrillation)
- Maintain HR > 80 with isoprenaline/adrenaline or with electrical pacing

Disposition:

- Discharge pending mental health assessment in lone ingestion, asymptomatic and normal ECG at 8 hours post ingestion