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

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

Patients who have ingested > 15 mg/kg should be discussed with a clinical toxicologist

Correct any electrolyte abnormalities

Decontamination:

Activated Charcoal 50 g should be given for any ingestion > 15 mg/kg up to 2 hours post ingestion

Management of ↑QT Interval – CVS monitor + maintain normal serum Ca^{2+}, K^{+}, Mg^{2+} concentrations

Management of TdP

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

Disposition:

- Patients who have ingested > 15 mg/kg should be discussed with a clinical toxicologist
- Discharge pending mental health assessment in lone ingestion <15 mg/kg, asymptomatic and normal ECG