Amiodarone Peripheral Infusion Guidelines
A Nursing Study to Reduce Patient Harm

1. **Use a dedicated line**
   - Assure no other medication is injected or infusing with Amiodarone
   - Assure you always have two lines. One for the Amiodarone and one for other medications the patient may need.

2. **Assess the IV site prior to infusion**
   - Assess for pain, redness, and assure an adequate flush with 10 mL normal saline.
   - If any issues, notify IV therapy and document infiltration and phlebitis scale.
   - Let IV Therapy know this line is for “Amiodarone”
     i. Use the smallest catheter possible in the largest vein.
     ii. Never use an area of joint flexion
     iii. Use a catheter stabilization device, such as a statlock.

3. **Use a separate filter for the Amiodarone bolus and infusion.**
4. Check the site after the bolus, and remove the IV for any pain.

5. **Instruct patient to immediately notify you for any pain, redness or other changes.**
   - Remove the IV at the first sign of pain (does not have to be red to begin vein irritation)
   - Continue the infusion through a different IV catheter.

6. **Include the IV site inspection (not just the drip) during change of shift report.**
7. **At the first sign of pain redness, infiltration or phlebitis, aspirate as much medication from the catheter as possible and then discontinue the IV.**
   - Clean area with CHG
   - Apply ice pack.
   - Elevate the affected arm.
   - Complete UOR (incident report)

References:
- Hadaway, Lynn (2012) personal contact through email. 4/3/12.
- Infusion Nursing Society Standards

Developed by Mary Spiering, Cardiology CNS, and Colleen Sunde, IV Therapy. Providence St. Vincent Medical Center. Updated 10/25/12