Flecainide intravenous for adults

Who can administer

Administration RESTRICTED - see Appendix 1

Important information

Aspirate the cannula contents BEFORE flushing [ref 1]

- Flush lines before and after with Glucose 5%

Available preparations

Tambocor 150mg in 15ml (10mg/ml) ampoule

Reconstitution

Already in solution

Draw up using a 5micron filter needle

Infusion fluids

Glucose 5% **(preferred)**

Sodium chloride 0.9% (less stable- see under further information)

Methods of intravenous administration

Intermittent intravenous infusion (using an electronically controlled infusion device)

- May be diluted to any convenient volume with infusion solution - suggest dilute (with glucose 5%) to a concentration of 1mg per ml
- Administer required dose over 10 to 30 minutes (see under dose for details)
- Whilst unlikely to be practical flecainide may be given undiluted as a slow intravenous injection over SAME DURATION as intermittent infusion above.

Continuous intravenous infusion(using an electronically controlled infusion device)

- May be diluted to **any convenient volume with glucose 5%**. Consider a concentration of 1mg per ml.
- See under Dose for suitable rate

Dose in adults

Emergency use or for rapid effect

- Administer 2mg/kg (to a maximum of 150mg) as a slow intravenous injection or infusion over at least ten minutes (but see also next point)
- In patients with sustained tachycardia, those with a history of cardiac failure or those with pacemakers who may become decompensated during the administration, administer **over 30 minutes**
- Alternatively, may give **as divided doses**
- Stop the drug once there is control of the arrhythmia

Prolonged therapy required

- Once initial dose has been administered as above, give
- First hour: 1.5mg/kg/hour
- Second and later hours: 0.1 to 0.25mg/kg/hour until arrhythmia controlled
- It is recommended that the infusion duration should not exceed 24 hours. However, where this is considered necessary, or for patients receiving the upper end of the dose range, plasma level monitoring is strongly recommended (see under Further Information')
- **Maximum** cumulative dose in first **24 hours** should not exceed **600mg**
- Switch to oral therapy as soon as possible (give oral dose as soon as infusion stopped)

Renal impairment

- If CrCl 35ml/min/1.73m^{2}or less
    - the maximum initial dose should be 100mg daily (or 50mg twice daily)
    - all further doses should be reduced by 50%

Hepatic impairment

- Use with caution in severe hepatic impairment

Monitoring

- Monitor ECG continuously when giving by intravenous route, when infusing for longer than 24 hours and when using doses at the upper end of the dose range
- Therapeutic drug level monitoring is recommended for patients on high doses or extended periods, or for those with renal or hepatic impairment. However, as samples are sent to external laboratory for processing, there may be a significant time delay in getting results - contact Biochemistry for further details

Further information

- Glucose 5% is the preferred infusion fluid
- However, if necessary, may use Sodium chloride 0.9% but the concentration cannot exceed 150mg in 500ml (0.3mg/ml) to avoid precipitation [ref 1]
- Plasma level monitoring is recommended where therapy extends beyond 24 hours, or in those with renal or hepatic impairment (see SPC for details on required levels)

Storage

- Store below 30^{0}C
- Do not freeze

References

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1: Injectable medicines guide, Medusa, downloaded 24/06/2025

Therapeutic classification

Anti-arrhythmic