Verapamil Intravenous for Adults

Who can administer

Administration RESTRICTED - see Appendix 1

Important information

- See 'Monitoring requirements' below

Available preparations

Isoptin 5mg per 2ml ampoule

Reconstitution

Already in solution

Draw up using a 5 micron filter needle

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Slow intravenous injection (preferred method)

- Administer required dose over 2 minutes (3 minutes in elderly patients) [ref 1]

Continuous intravenous infusion [ref 1]

- Add required dose to a suitable volume of infusion fluid
- Administer as per 'Dose' below

Dose in adults

Usual dose

- Give 5mg initially, as a slow intravenous injection
- If the therapeutic response is inadequate, a further 5mg may be injected after five or ten minutes
- If required an infusion of 5 to 10mg per hour can be given, up to a usual maximum of

100mg/day to maintain the therapeutic effect
- If there is any signs of tachycardia-induced heart failure, digitalisation is necessary before administration of verapamil intravenously

Hypertensive crisis

- Initial treatment: 0.05 to 0.1mg/kg/**hour** (= 3.5 to 7mg/hour for a 70kg patient)
- If the effect is insufficient, increase the dose at thirty to sixty minute intervals until twice the dose or more is reached
- Average total dose is up to 1.5mg/kg/**day** (105mg daily for a 70kg patient)

Hepatic impairment

- The half-life of verapamil is prolonged in patients with impaired liver function owing to lower oral clearance and a higher volume of distribution. When given intravenously, verapamil has been shown to be rapidly metabolised

Monitoring

- Continuous ECG and blood pressure monitoring required

Storage

Store below 25^{0}C

References

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1: Injectable Medicines Administration Guide Medusa 31/01/2025

Therapeutic classification

Calcium channel blocker