first-degree AV block · heart transplant · left main coronary artery stenosis · left to right shunt · pericardial effusion · pericarditis · QT-interval prolongation · recent myocardial infarction · severe heart failure · stenotic carotid artery disease with cerebrovascular insufficiency · stenotic valvular heart disease · uncorrected hypovolaemia

- **INTERACTIONS** → Appendix 1: antiarrhythmics
- **SIDE-EFFECTS**
  - **Common or very common** Abdominal discomfort · arrhythmias · atrioventricular block · chest discomfort · chest pain (discontinue) · dizziness · dry mouth · dyspnoea · flushing · headache · hypotension (discontinue if severe) · pain · paraesthesia · throat discomfort
  - **Uncommon** Asthenia · back discomfort · bradycardia (discontinue if asystole or severe bradycardia occur) · hyperhidrosis · limb discomfort · nervousness · taste metallic
  - **Rare or very rare** Drowsiness · nasal congestion · nipple tenderness · respiratory disorders · respiratory failure (discontinue) · tinnitus · tremor · urinary urgency · vision blurred
  - **Frequency not known** Apnoea · cardiac arrest · loss of consciousness · nausea · seizure · syncope · vomiting
- **PREGNANCY** Large doses may produce fetal toxicity; manufacturer advises use only if potential benefit outweighs risk.
- **BREAST FEEDING** No information available—unlikely to be present in milk owing to short half-life.
- **MONITORING REQUIREMENTS** Monitor ECG and have resuscitation facilities available.
- **DIRECTIONS FOR ADMINISTRATION** For *rapid intravenous injection* give over 2 seconds into central or large peripheral vein followed by rapid Sodium Chloride 0.9% flush; injection solution may be diluted with Sodium Chloride 0.9% if required.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: solution for injection, infusion, solution for infusion

Solution for injection

ELECTROLYTES: May contain Sodium

- **Adenosine (Non-proprietary)**
  Adenosine 3 mg per 1 ml Adenosine 6mg/2ml solution for injection pre-filled syringes | 10 pre-filled disposable injection PoM ~~S~~ (Hospital only)
  Adenosine 6mg/2ml solution for injection vials | 5 vial PoM £20.00 (Hospital only) | 6 vial PoM £26.70–£29.24 (Hospital only)
  Adenosine 12mg/4ml solution for injection pre-filled syringes | 10 pre-filled disposable injection PoM ~~S~~ (Hospital only)
- **Adenocor** (Sanofi)
  Adenosine 3 mg per 1 ml Adenocor 6mg/2ml solution for injection vials | 6 vial PoM £6.45 (Hospital only)

Solution for infusion

ELECTROLYTES: May contain Sodium

- **Adenosine (Non-proprietary)**
  Adenosine 3 mg per 1 ml Adenosine 30mg/10ml solution for infusion vials | 5 vial PoM £30.00 (Hospital only) | 6 vial PoM £70.00–£85.57 (Hospital only)
- **Adenoscan** (Sanofi)
  Adenosine 3 mg per 1 ml Adenoscan 30mg/10ml solution for infusion vials | 6 vial PoM £16.05

BETA-ADRENOCEPTOR BLOCKERS › NON-SELECTIVE

F 109

Sotalol hydrochloride

12-Dec-2019

- **INDICATIONS AND DOSE**

Life-threatening arrhythmias including ventricular tachyarrhythmias

- BY MOUTH
- Child 12–17 years: Initially 80 mg once daily, alternatively initially 40 mg twice daily, then increased to 80–160 mg twice daily, dose to be increased gradually at intervals of 2–3 days; higher doses of 480–640 mg daily may be required for life-threatening ventricular arrhythmias (under specialist supervision)

Ventricular arrhythmias, life-threatening ventricular tachyarrhythmia and supraventricular arrhythmias (initiated under specialist supervision)

- BY MOUTH
- Neonate: Initially 1 mg/kg twice daily, increased if necessary up to 4 mg/kg twice daily, dose to be increased at intervals of 3–4 days.

Atrial flutter, ventricular arrhythmias, life-threatening ventricular tachyarrhythmia and supraventricular arrhythmias (initiated under specialist supervision)

- BY MOUTH
- Child 1 month–11 years: Initially 1 mg/kg twice daily, then increased if necessary up to 4 mg/kg twice daily (max. per dose 80 mg twice daily), dose to be increased at intervals of 2–3 days
- Child 12–17 years: Initially 80 mg once daily, alternatively initially 40 mg twice daily, increased to 80–160 mg twice daily, dose to be increased gradually at intervals of 2–3 days

- **UNLICENSED USE** Not licensed for use in children under 12 years.

IMPORTANT SAFETY INFORMATION

Sotalol may prolong the QT interval, and it occasionally causes life threatening ventricular arrhythmias (**important**: manufacturer advises particular care is required to avoid hypokalaemia in patients taking sotalol—electrolyte disturbances, particularly hypokalaemia and hypomagnesaemia should be corrected before sotalol started and during use).

Manufacturer advises reduce dose or discontinue if corrected QT interval exceeds 550 msec.

- **CONTRA-INDICATIONS** Long QT syndrome (congenital or acquired) · torsade de pointes
- **CAUTIONS** Diarrhoea (severe or prolonged)
- **INTERACTIONS** → Appendix 1: beta blockers, non-selective
- **SIDE-EFFECTS**
  - **Common or very common** Anxiety · arrhythmia · chest pain · dyspepsia · fever · flatulence · hearing impairment · mood altered · muscle spasms · oedema · palpitations · sexual dysfunction · taste altered · torsade de pointes (increased risk in females)
- **BREAST FEEDING** Water soluble beta-blockers such as sotalol are present in breast milk in greater amounts than other beta blockers.
- **RENAL IMPAIRMENT** Avoid if estimated glomerular filtration rate less than 10 mL/minute/1.73 m^2.
  Dose adjustments Halve normal dose if estimated glomerular filtration rate 30–60 mL/minute/1.73 m^2; use one-quarter normal dose if estimated glomerular filtration rate 10–30 mL/minute/1.73 m^2.