

level; discontinue digoxin or decrease dose by 50%. Use cautiously with beta-blockers (BB) and calcium channel blockers (CCB); initiate lower doses of BB or CCB; initiate at low dose and monitor ECG. Do not use with more than 10 mg of simvastatin. May increase level of sirolimus, tacrolimus, or CYP3A4 substrates with narrow therapeutic index. [Trade only: Tabs, unscored 400 mg.] ▶L ♀X
 ▶— \$\$\$\$\$ ■

FLECAINIDE Proarrhythmic. **Prevention of paroxysmal atrial fib/flutter or PSVT, with symptoms and no structural heart disease:** Start 50 mg PO q 12 h, may increase by 50 mg two times per day q 4 days, max 300 mg/day. Use with AV nodal slowing agent (beta-blocker, verapamil, diltiazem) to minimize risk of 1:1 atrial flutter. **Life-threatening ventricular arrhythmias without structural heart disease:** Start 100 mg PO q 12 h, may increase by 50 mg two times per day q 4 days, max 400 mg/day. With CrCl <35 mL/min: Start 50 mg PO two times per day. [Generic: Tabs, unscored 50 mg, scored 100, 150 mg.] ▶K ⊕ ♀C ▶— \$\$\$\$ ■

IBUTILIDE (Corvert) Proarrhythmic. **Recent onset A-fib/flutter:** 0.01 mg/kg up to 1 mg IV over 10 min, may repeat once if no response after 10 min. Keep on cardiac monitor at least 4 h. ▶K ♀C ▶? \$\$\$\$\$ ■

ISOPROTERENOL (Isuprel) **Refractory bradycardia or 3rd degree AV block:** bolus method: 0.02 to 0.06 mg IV; infusion method, dilute 2 mg in 250 mL D5W (8 mcg/mL); a rate of 37.5 mL/h delivers 5 mcg/min. Peds infusion method: 0.05 to 2 mcg/kg/min. Using the same concentration as adult for a 10 kg child, a rate of 8 mL/h delivers 0.1 mcg/kg/min. ▶LK ♀C ▶? \$\$\$\$\$ ■

LIDOCAINE (Xylocaine, Xylocard) **Ventricular arrhythmia:** Load 1 mg/kg IV, then 0.5 mg/kg q 8 to 10 min prn to max 3 mg/kg. IV infusion: 4 g in 500 mL D5W (8 mg/mL) run at rate of 7.5 to 30 mL/h to deliver 1 to 4 mg/min. Peds: 20 to 50 mcg/kg/min. ▶LK ♀B ▶? \$ ■

MEXILETINE (Mexitil) Proarrhythmic. Rarely indicated, consult cardiologist. **Ventricular arrhythmia:** Start 200 mg PO q 8 h with food or antacid, max dose 1200 mg/day. Renal impairment (≤10 mL/min): Use 50 to 75% of dose. [Generic only: Caps 150, 200, 250 mg.] ▶L ⊕ ♀C ▶— \$\$\$\$\$ ■

PROCAINAMIDE Proarrhythmic. **Ventricular arrhythmia:** Loading dose: 100 mg IV q 10 min or 20 mg/min (150 mL/h) until QRS widens more than 50%, dysrhythmia suppressed, hypotension, or total of 17 mg/kg or 1000 mg delivered. Infusion: dilute 2 g in 250 mL D5W (8 mg/mL) rate of 15 to 45 mL/h to deliver 2 to 6 mg/min. ▶LK ⊕ ♀C ▶? \$\$\$ ■

PROPafenone (Rythmol, Rythmol SR) Proarrhythmic. **Prevention of paroxysmal A-fib/flutter or PSVT, with symptoms and no structural heart disease; or life-threatening ventricular arrhythmias:** Start (immediate-release) 150 mg PO q 8 h, may increase after 3 to 4 days to 225 mg PO q 8 h, max 900 mg/day. **Prolong time to recurrence of symptomatic A-fib without structural heart disease:** 225 mg SR PO q 12 h, may increase after 5 days to 325 mg SR PO q 12 h, max 425 mg SR PO q 12 h. Consider using with AV nodal blocking agent (beta-blocker, verapamil, diltiazem) to minimize risk of 1:1 atrial flutter. Do not use with amiodarone, quinidine, or the combination of CYP3A4 and CYP2D6 inhibitors (or CYP2D6 deficiency). May increase digoxin, warfarin, beta-blocker levels. CYP1A2, 2D6,

(cont.)