CCU-3304-FRM
REV 0 02.01.07

Conway Medical Center
Conway, South Carolina

Center Patient Admission Label Here

PHYSICIAN'S ORDERS
Ibutilide (Corvert) Protocol
(ICU, PCU, CATH LAB, & ED)

Drug Allergies:

Indications for Uses:

☐ Rapid conversion of atrial fibrillation, duration of onset less than 2 to 3 days.

☐ Duration of atrial fibrillation greater than 2 to 3 days on adequate anticoagulation (greater than 14 days).

☐ Rapid conversion of atrial flutter to sinus rhythm, duration less than 90 days.

☐ Pre treatment of Electrocardioversion

Check below labs within 12 hours prior to initiating Corvert

_____ K+ level (Normal 3.5-5mmol/L) _____ Mg^2 + level (Normal 1.6-2.2 mg/dl) _____ QTc interval baseline (less than 440 m/sec)

_____ Digoxin Level (0.9-2 ng/ml)

If above values outside of range, correct prior to therapy.

Administration

☒ Monitor patient for torsades/polymorphic VT 4 hours after administration.

Dosage – Adult

☐ Weight **greater than 60 kg** Corvert 1 mg/50ml D5W IV over 10 minutes / time of administration: _____

☐ Second dose if needed Corvert 1 mg/50ml D5W IV over 10 minutes / time of administration: _____ (At least 10 minutes after the first dose)

☐ Weight **less than 60 kg** Corvert 0.01 mg/kg/50ml D5W IV over 10 minutes / time of administration: _____

☐ Second dose if needed Corvert 0.01 mg/kg/50ml D5W IV over 10 minutes / time of administration: _____ (At least 10 minutes after the first dose)

Contraindications.

☐ Patient less than 18 years of age ☐ Patient is pregnant or breast feeding ☐ QTc interval greater than 440 m/sec

Relative Contraindications.

- Before initiating therapy correct electrolyte disorders
- Atrial fibrillation greater than 2-3 days, patient must be anticoagulated for 14 days before starting therapy
- Potential drug interactions that prolong QT interval should be discontinued 48-hours prior to starting Ibutilide. Include but not limited to antiarrhythmic agents e.g. Disopyramide, Quinidine, Procainamide, Amiodarone, Sotalol, Flecainide .
- H1-receptor antagonist antihistamines, phenothiazines, tetracyclic antidepressants, tricyclic antidepressants, other drugs that prolong QTc interval: May increase risk for proarrhythmia. **Monitor patient closely**.
- Digoxin level greater than 2 ng/ml.

Outcome Criteria

☐ Conversion to normal sinus rhythm

☐ Infusion stopped, developed polymorphic ventricular tachycardia

☐ Infusion stopped;/ QTc became prolonged

☐ Therapy discontinued because of an adverse reaction

☐ Other _____

_____	_____/_____/_____	_____
Physician's Signature	**Date**	**Time**
_____	_____/_____/_____	_____
Nurse #1 Signature	**Date**	**Time**
_____	_____/_____/_____	_____
Nurse #2 Signature	**Date**	**Time**

White Copy to Chart * Yellow Copy to Pharmacy