I. Cardizem continuous infusion is indicated for the control of:

   A. Atrial Fibrillation or Atrial Flutter with rapid ventricular response (except in patients with atrial fibrillation or atrial flutter associated with an accessory bypass tract and patients with known sick sinus syndrome and known high grade A conduction abnormalities).

   B. Paroxysmal Supraventricular Tachycardia conversion to Normal Sinus Rhythm, including AV nodal re-entrant tachycardias and reciprocating tachycardias associated with an extranodal accessory pathway.

II. An initial Cardizem I.V. Bolus dose may be ordered by the physician. The initial dose should be 0.25 mg/kg actual body weight as a bolus administered over 2 minutes. If response is inadequate, a second bolus dose may be administered after 15 minutes. (20 mg is a reasonable dose for the average patient.) The second bolus should be 0.35 mg/kg actual body weight administered over 2 minutes. (25 mg is a reasonable dose for the average patient).

III. Continuous I.V. infusion for continued reduction of the heart rate may be administered for up to 24 hours following the bolus dosage.

   A. Cardizem I.V. may be diluted in Normal Saline, D₅W, or D₅W/0.45 NaCl.
DILTIAZEM HYDROCHLORIDE (CARDIZEM)

B. Standard Concentration:

<table>
<thead>
<tr>
<th>DILUENT VOLUME</th>
<th>QUALITY OF CARDIZEM INJECTABLE</th>
<th>FINAL CONCENTRATION</th>
<th>ADMINISTRATION Dose</th>
<th>ADMINISTRATION Infusion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 ml</td>
<td>125 mg (25 ml)</td>
<td>1.0 mg/ml</td>
<td>10mg/hr</td>
<td>10ml/hr</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15 mg/hr</td>
<td>15ml/hr</td>
</tr>
</tbody>
</table>

C. The physician will order the volume, dose and rate of infusion, to be altered at his discretion.

D. Recommended infusion rate is 10mg/hr. (Some patients may respond and maintain response to an initial rate of 5mg/hr), infusion rate may be increased in 5 mg/hr increments. Maximum dose is 20 mg/hr.

E. The I.V. must be maintained on an infusion pump and continued during any transport.

IV. Continuous cardiac monitoring. Assess vital signs for patient’s response to medication. Notify physician as needed.

A. After reduction of heart rate, vital signs will be monitored as per unit protocol or according to patient response/tolerance.

B. Patient should be placed on a non-invasive blood pressure device unless an arterial line is inserted.

V. The infusion should be stopped and the physician informed immediately for supportive measures for:

A. Prolonged AV conduction which may result in second or third degree heart block in sinus rhythm.

B. Symptomatic hypotension, syncope.

C. Chest Pain.

D. Extreme bradycardia.
E. Sinus pause or arrest.
F. Significant ventricular arrhythmias.
G. Worsening congestive heart failure.

VI. Continued Cardizem infusion at a reduced rate, discontinuance or other supportive measures are to be determined by the physician in the instance of adverse cardiovascular reaction.

VII. Transition to further antiarrhythmic therapy after Cardizem infusion is to be determined by the physician.