Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

• The use of interpreter services where necessary,
• Advising consumers of their choice and ensuring informed consent is obtained,
• Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
• Documenting all care in accordance with mandatory and local requirements

Dose and Indications

**Ventricular arrhythmias, supraventricular arrhythmias e.g. atrial flutter**  
(initiated under specialist supervision)

**Oral**

Start at 1 mg/kg/dose every 12 hours

Gradually increase every 3 to 4 days until adequate sinus rhythm is maintained to a maximum of 4mg/kg/dose 12 hourly.

The recommended total daily dose may be split and given every 8 hours. The maximum total daily dose may be exceeded at the advice of a cardiologist.
Preparation and Administration

**Oral**

**Oral Mixture (5mg/mL)**

The oral mixture contains 5mg/mL sotalol.

<table>
<thead>
<tr>
<th>Dose</th>
<th>1mg</th>
<th>2mg</th>
<th>3mg</th>
<th>4mg</th>
<th>5mg</th>
<th>6mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>0.2mL</td>
<td>0.4mL</td>
<td>0.6mL</td>
<td>0.8mL</td>
<td>1mL</td>
<td>1.2mL</td>
</tr>
</tbody>
</table>

 Preferably administered on an empty stomach, at least 30 minutes before feeding.

*The 5mg/mL oral mixture is not commercially available however is manufactured at Women’s & Children’s Health Network Pharmacy Production Unit.

**Oral Tablets**

If a dose is needed outside of pharmacy hours:

Disperse one 80mg sotalol tablet in 16mL of sterile water (may require vigorous shaking for 5-10 minutes for the tablet to disperse). The resulting solution contains 5mg/mL sotalol.

<table>
<thead>
<tr>
<th>Dose</th>
<th>1mg</th>
<th>2mg</th>
<th>3mg</th>
<th>4mg</th>
<th>5mg</th>
<th>6mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>0.2mL</td>
<td>0.4mL</td>
<td>0.6mL</td>
<td>0.8mL</td>
<td>1mL</td>
<td>1.2mL</td>
</tr>
</tbody>
</table>

 Preferably administered on an empty stomach, at least 30 minutes before feeding.

Discard remaining solution after dose.

**Adverse Effects**

**Common**

Adverse events are usually transient in nature and include dyspnoea, fatigue, dizziness, headache, excessive bradycardia and/or hypotension. These side effects may reduce/disappear if the dose is decreased.

**Infrequent**

Proarrhythmic affects including sinoatrial block, AV block, prolongation of the QT interval, torsades de pointes and ventricular ectopic activity.

**Monitoring**

> Perform a 12 lead ECG before and after the first several doses to assess for any increase in QTc interval from baseline. ECG monitoring should also be performed with any dose increases.
> For initiation of therapy infant should be on cardiorespiratory monitor.
> Monitor electrolytes, especially potassium and magnesium.
Practice Points

> Normalise potassium and magnesium levels prior to initiation and during use.
> Sotalol is renally excreted – use with caution in patients with renal impairment.
> Be cautious of using sotalol with other drugs that can prolong the QTc interval and drugs with antiarrhythmic properties.
> Milk decreases absorption/bioavailability of sotalol. Where possible administer on an empty stomach, at least 30 minutes before feeding. NB given the patient population, most patients will be having very frequent feeds or even continuous feeds so it may not be possible to separate the timing of the dose from a feed.
> Contraindications to sotalol include: bronchospasm, right ventricular failure secondary to pulmonary hypertension, significant right ventricular hypertrophy, sinus bradycardia, second and third degree atrioventricular block or sick sinus syndrome, shock – cardiogenic or hypovolaemic, uncontrolled congestive heart failure, severe renal impairment, congenital or acquired long QT syndromes, anaesthesia that produces myocardial depression, hypokalaemia.

Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: Health.NeoMed@sa.gov.au
Endorsed by: SA Health Safety and Quality Strategic Governance Committee
Next review due: 12/02/2024
ISBN number: 978-1-76083-052-6
PDS reference: CG308
Policy history: Is this a new policy (V1)? Y
Does this policy amend or update an existing policy? N
If so, which version?
Does this policy replace another policy with a different title? N
If so, which policy (title)?

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/02/2019</td>
<td>V1</td>
<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Original SA Health Safety and Quality Strategic Governance Committee approved version</td>
</tr>
</tbody>
</table>