Flecainide

150mg/15mL injection, 25mg/5mL liquid (SAS)

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.

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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

This is a High Risk Medication ⚠

Flecainide has serious adverse effects; including the potential to worsen arrhythmia

Dose and Indications

Consult Cardiology prior to use

Supraventricular arrhythmia, supraventricular tachycardia, paroxysmal atrial fibrillation

Intravenous

1 to 2mg/kg over 10minutes

Intravenous route has potential to cause acute deterioration; must be administered in presence of Cardiologist or Neonatal/Paediatric Intensivist. Oral treatment should then be started as soon as possible.

Oral

2mg/kg/dose every 8 to 12 hours

Dose may be increased according to response every 3-5 days up to a maximum of 4mg/kg/dose every 12 hours

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Preparation and Administration

Intravenous

Injection solution may be given undiluted or;

Dilute 1ml (10mg) of flecainide 150mg/15mL with 9mL of glucose 5% to a total volume of 10mL. The resulting solution contains 1mg/mL flecainide.

Infuse over at least 10 minutes

Oral

Separate dose 1 hour from milk feeds as milk decreases oral flecainide absorption. If this is not possible, ensure flecainide is always given in a consistent manner in relation to feeds.

The oral mixture contains 5mg/mL flecainide

Dose	2mg	3mg	4mg	5mg	6mg	7mg	8mg
Volume	0.4mL	0.6mL	0.8mL	1mL	1.2mL	1.4mL	1.6mL

If mixture is unavailable: Disperse flecainide 100mg tablet in 10mL of sterile water. This makes a *10mg/mL flecainide solution.* Give required dose and discard any remaining solution.

Compatible Fluids

Glucose 5%

Adverse Effects

Common

Arrhythmia (new or worsened), vomiting, diarrhoea, constipation, tremor, ataxia, heart block (first degree), angina, worsening heart failure, dyspnoea, flushing, increased sweating, rash

Infrequent

Bradyarrhythmia, heart block (second or third-degree)

Rare

Cardiac arrest, sudden death, myalgia, arthralgia, fever, hepatic dysfunction, pneumonitis (long term use)

Monitoring

- Continuous cardiorespiratory (including ECG) monitoring during intravenous infusion
- Electrolytes (potassium, magnesium) as clinically required
- Trough serum concentrations at initiation, 3-5 days after any dose change and with any significant change in clinical status. Therapeutic trough levels are 0.2 – 0.8mg/L

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Practice Points

- Contraindicated in heart block and cardiogenic shock
- Caution in congenital heart disease – increased potential for pro-arrhythmic effects
- Reduce dose in renal or hepatic impairment
- Electrolyte abnormalities (e.g. hypokalaemia) increase the risk of arrhythmias and may prolong the QT interval, correct electrolyte abnormalities
- DO NOT MIX WITH ANY OTHER FLUID - incompatible with alkaline or chloride ion containing solutions; can cause precipitation

Document Ownership & History

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