

## **SOTALOL HYDROCHLORIDE (INTRAVENOUS INFUSION)**

### **Action:**

- Sotalol is a nonselective beta blocker. It causes a decrease in heart rate and a limited reduction in the force of contraction of the heart. It also has an anti-arrhythmic effect.

### **Indications:**

- Sotalol is indicated for use in the management of atrial and ventricular arrhythmias.
- Sotalol has proven efficacy in maintenance of sinus rhythm after reversion from atrial fibrillation/flutter
- The intravenous formulation is useful in the management of acute arrhythmias where oral therapy is not suitable.

### **Contraindications:**

- Bronchospasm
- Long QT syndromes
- Sinus bradycardia
- 2<sup>nd</sup> or 3<sup>rd</sup> degree AV block
- Congestive cardiac failure
- Shock
- Renal impairment: dose adjustment required
- Hypersensitivity to sotalol.

### **Presentation:**

- 40mg in 4mL ampoules
- 80mg and 160mg tablets

### **Prescribing:**

- Correct any electrolyte imbalances prior to administration
- Prescribe sotalol 20-80mg IV 8 hourly
- Reassess dose after initial administration

### **IV Administration:**

- Dilute sotalol 80mg in 40mL sodium chloride 0.9% or glucose 5% (to make a 2mg/mL solution).
- Infuse prescribed dose over 20-40 minutes.
- Repeat dose 8 hourly either IV or orally as required.

### **Nursing Considerations:**

- Continuously monitor the patient's cardiac rhythm and blood pressure during the infusion -every 10 minutes for the first 20-40mg.
- Administer sotalol with caution due to adverse effects
- Take a 12 lead ECG when rhythm reverts to normal

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**CLINICAL POLICIES, PROCEDURES & GUIDELINES**

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Approved by Quality & Patient Safety Committee  
19 February 2015

**SOTALOL HYDROCHLORIDE (INTRAVENOUS INFUSION) cont'd**

**Adverse Effects:**

Sotalol is usually well tolerated. Any adverse events are usually related to its beta blocking effects and are usually transient and rarely necessitate interruption of or withdrawal from treatment. These include:

- Excessive bradycardia and or hypotension. If excessive bradycardia occurs alone or with hypotension, atropine 0.5-2mg should be given intravenously and immediately followed, if necessary, by a beta-receptor stimulating agent such as isoprenaline
- Pro-arrhythmias e.g. torsades de pointes and other serious new ventricular arrhythmias
- Dyspnoea
- Fatigue
- Dizziness
- Headache
- Fever

**Precautions:**

- Renal impairment
- Regular electrocardiographic monitoring should be carried out during sotalol therapy because of the risk of prolongation of the QT interval, sinus bradycardia or other arrhythmias.
- Prior to starting treatment serum electrolytes should be obtained and any electrolyte imbalance corrected.
- Excessive bradycardia.

**Comments:**

- May be used in pregnancy for treatment of fetal tachycardia.
- Risk of fetal bradycardia in pregnancy

**References:**

- [http://proxy36.use.hcn.com.au/Search/AbbrPI.aspx?ModuleName=Product%20Info&searchKeyword=Sotalol+hydrochloride&PreviousPage=~/Search/QuickSearch.aspx&SearchType=&ID=1890002\\_2](http://proxy36.use.hcn.com.au/Search/AbbrPI.aspx?ModuleName=Product%20Info&searchKeyword=Sotalol+hydrochloride&PreviousPage=~/Search/QuickSearch.aspx&SearchType=&ID=1890002_2)
- [http://proxy9.use.hcn.com.au/Australian Injectable Drug Handbook 6<sup>th</sup> Edition](http://proxy9.use.hcn.com.au/Australian%20Injectable%20Drug%20Handbook%206th%20Edition) Published by: The Society of Hospital Pharmacists of Australia, April 2014

Risk rating: Low. Review in 2020

**REVISION & APPROVAL HISTORY**

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Approved Quality & Patient Safety Committee 18/8/11  
Reviewed and endorsed Therapeutic & Drug Utilisation Committee 14/6/11  
Approved Quality Council 21/11/05

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