

FLECAINIDE

Read in conjunction with **Disclaimer**



HIGH RISK Medication



Although flecainide may be effective in supraventricular arrhythmias in patients with structural heart disease, its use has been associated with life threatening and occasionally fatal ventricular arrhythmias. Use with extreme caution, preferably after other antiarrhythmic drugs have been tried or considered inappropriate.

Formulary: Highly Restricted Requires Cardiologist approval before commencing						
Special Access Scheme (SAS): Category A						
Presentation	Oral suspension: PCH: 25 mg/5 mL (SAS) KEMH: 2 mg/mL (prepared in pharmacy)					
Drug Class	Membrane stabilising antiarrhythmic agent					
Indication	 Supression and prevention of ventricular arrhythmias and supraventricular tachycardia. Second-line agent where tachycardia has been resistant to first-line agents. 					
Special Considerations	 Correct pre-existing hypokalemia or hyperkalemia before administration Use with caution in renal and hepatic impairment Use caution in patients with congenital heart disease—increased potential for pro-arrhythmic effects Contraindications: Cardiogenic shock Hypersensitivity to flecainide or any component of the formulation Second or third degree heart block without pacemaker Right bundle branch block (when associated with a left hemiblock) without pacemaker 					
Monitoring	ECG, blood pressure, pulse, periodic serum concentrations after at least 5 doses when doses are started or changed Time to reach steady state – 5-7 days Reference Range: Therapeutic trough plasma level 0.2 – 1 mg/L Sampling time – prior to next dose Milk reduces absorption of flecainide – monitor plasma trough flecainide levels with major changes in dietary milk intake.					
Interactions	Flecainide interacts with a number of medications – consult Pharmacy for advice.					

Side effects	Common: new or worsened arrhythmia, bradycardia, photopsia, dyspnoea			
	Serious: cardiac arrest, cardiac dysrhythmia, cardiogenic shock, abnormal electrocardiogram, heart block, heart failure, prolonged QT interval, sinus node dysfunction, torsades de pointes, ventricular fibrillation, ventricular tachycardia			
Storage & Stability	Oral Suspension: Store at room temperature. DO NOT refrigerate as crystallisation may occur			
Comments	SAS Forms are to be completed for Oral Suspension at PCH			

	Presentation	Oral Suspension: 25 mg/5 mL (SAS) – PCH 2 mg/mL (prepared in pharmacy) – KEMH	7	
	Dosage	Consult Cardiology		
		Initially 1 to 2 mg/kg/ dose every 12 hours		
		Adjust dose according to response and serum concentration		
		Maximum dose: 8 mg/kg/day		
ORAL	Preparation	 PCH – Use SAS formulation KEMH – Use suspension prepared in Pharmacy If solution not available – prepare the following solution using 100 mg flecainide tablets: Disperse ONE flecainide tablet (100 mg) in 50 mL of water for injection Tablet will disperse within 1-2 minutes Concentration is 100 mg/50 mL = 2 mg/mL Discard any unused solution immediately 		
	Administration	Separate from feeds as milk may reduce absorption of flecainide		





▲ ALERT

Intravenous flecainide is avoided.

If flecainide is to be administered intravenously it can ONLY be done in the presence of a Cardiologist.

Contact pharmacy for preparation and administration advice if required.



Related Policies, Procedures, and Guidelines

CAHS Clinical Practice Guidelines:

Cardiac Arrhythmias

Cardiac Arrest and Arrhythmias in NICU: Treatment Algorithms

WNHS Pharmaceutical and Medicines Management Guidelines:

High Risk Medicines

References

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