Sotalol

80mg tablet, 5mg/mL oral mixture*

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

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

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Preparation and Administration

Oral

Oral Mixture (5mg/mL)

The oral mixture contains 5mg/mL sotalol.

Dose	1mg	2mg	3mg	4mg	5mg	6mg
Volume	0.2mL	0.4mL	0.6mL	0.8mL	1mL	1.2mL

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.

Dose	1mg	2mg	3mg	4mg	5mg	6mg
Volume	0.2mL	0.4mL	0.6mL	0.8mL	1mL	1.2mL

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, hypokaelamia.

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