

**Improving Amiodarone Administration Safety**  
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**Problem:** The high number of incidents (23%) of thrombophlebitis involving peripheral intravenous infusion of Amiodarone was identified as a priority Patient Safety and cost containment issue.

**Evidence:** Studies have reported the occurrences of thrombophlebitis at the infusion site from 14 – 25%. This was found to be true at York Hospital as well. A review of Dr. Quality Incident Reports for December 2004 through February 2005 revealed 18 incidences.

**Strategy:** A literature review revealed that while there were studies that involved the efficacy of IV Amiodarone in the treatment of Atrial Fibrillation they did not address the identified rate of thrombophlebitis.

**Practice Change:** After evaluations found no change in concentrations in bolus or maintenance doses, we began hanging Normal Saline at 25cc/hour as a carrier on March 18, 2005.

**Evaluation:** All charts and Dr. Quality Report's involving IV amiodarone infusions were reviewed. We looked at factors associated with IV Site, Catheter gage, Infusion concentration, and additional cost to patient because of treatment required for thrombophlebitic event.

**Results:** Between December 2004 and February 2005 there were 18 events or 23% of all patients receiving IV Amiodarone. This cost the patient on average \$329.66 per event. After the practice changes were implemented, we were able to decrease the number of events to zero by October 2005. There was one event outlier, which was a result of the Nurse not following the implemented practice change.

**Recommendations:** We are proposing a Policy change related to Peripheral Intravenous Amiodarone administration at our facilities. Improvements to patient safety can be realized through Evidence Based Practice.

**References:**

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