Flecainide (flek-a-nide)
Tambocor

Classification
Therapeutic: antiarrhythmics (class IC)

Pregnancy Category C

Indications
Life-threatening ventricular arrhythmias, including ventricular tachycardia. Supraventricular tachyarrhythmias including: Paroxysmal supraventricular tachycardia (PSVT), Paroxysmal atrial fibrillation/flutter (PAF).

Unlabeled Use: Single dose treatment of atrial fibrillation.

Action
Slows conduction in cardiac tissue by altering transport of ions across cell membranes.

Therapeutic Effects: Suppression of arrhythmias.

Pharmacokinetics
Absorption: Well absorbed from the GI tract following oral administration.

Distribution: Widely distributed.

Metabolism and Excretion: Mostly metabolized by liver; 30% excreted unchanged by kidneys.

Half-life: 11–14 hr.

TIME/ACTION PROFILE (antiarrhythmic effects)
ROUTE ONSET PEAK DURATION
PO days days–weeks 12 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Cardiogenic shock.
Use Cautiously in: HF (dosage may be required); Pre-existing sinus node dysfunction or 2nd- or 3rd-degree heart block (without a pacemaker); Renal impairment (dosage required if CCr <35 mL/min); OB: Teratogenic in animal studies; use only if potential benefit justifies potential risk to fetus; Lactation: Usually compatible with breast feeding (AAP).

Adverse Reactions/Side Effects

Interactions
Drug-Drug: ↑ risk of arrhythmias with other antiarrhythmics, including calcium channel blockers. Disopyramide, beta blockers, or verapamil may have ↑ myocardial depressant effects; combination use should be undertaken cautiously. Amiodarone doubles serum flecainide levels (↓ flecainide dose by 50%). ↑ serum digoxin levels by a small amount (15–25%). Concurrent beta blocker therapy may cause ↑ levels of beta blocker and flecainide. Alkalizing agents promote redissolution, ↓ blood levels, and may cause toxicity. Acidifying agents ↑ renal elimination and may ↓ effectiveness of flecainide (alken-stein diet). Foods or beverages that ↓ urine pH ↓ levels (strict vegetarian diet). Foods or beverages that ↑ urine pH ↑ levels (strict vegetarian diet).

Route/Dosage
Ventricular Tachycardia
PO (Adults): 100 mg q 12 hr initially, q by 50 mg twice daily until response is obtained or maximum total daily dose of 400 mg is reached. Some patients may require q8 hr dosing.

Renal Impairment
PO (Adults): CCr <35 mL/min—100 mg once a day or 50 mg q 12 hr initially; further dosing on the basis of frequent blood level monitoring.

PSVT/PAF
PO (Adults): 100 mg q 12 hr initially, ↑ by 50 mg twice daily until response is obtained or maximum total daily dose of 300 mg is reached. Some patients may require q8 hr dosing.

Atrial Fibrillation (unlabeled)
PO (Adults): 200 mg or 300 mg single dose.

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NURSING IMPLICATIONS

Assessment
● Monitor ECG/Holter monitor prior to and periodically during therapy. May cause QRS widening, PR prolongation, and QT prolongation.
● Monitor BP and pulse periodically during therapy.
● Monitor intake and output ratios and daily weight. Assess patient for signs of HF (peripheral edema, rales/crackles, dyspnea, weight gain, jugular venous distention).
● Lab Test Considerations: Evaluate renal, pulmonary, and hepatic functions and CBC periodically on patients receiving long-term therapy. Flecainide should be discontinued if bone marrow depression occurs.
● Monitor serum alkaline phosphatase during prolonged therapy.
● Toxicity and Overdose: Therapeutic blood levels range from 0.2 to 1.0 mcg/mL. Monitor plasma trough levels frequently during dose adjustment in patients with severe renal or hepatic disease or in patients with HF and moderate renal impairment.

Potential Nursing Diagnoses
Decreased cardiac output (Adverse Reactions)

Implementation
● Do not confuse Tambocor with Pamelor.
● Previous antiarrhythmic therapy (except lidocaine) should be withheld 2–4 half-lives before starting Flecainide.
● Therapy should be initiated in a hospital setting to monitor for increase in arrhythmia.
● Dose adjustments should be at least 4 days apart because of the long half-life of Flecainide.
● PO: May be administered with meals if GI irritation becomes a problem.

Patient/Family Teaching
● Instruct patient to take medication around the clock as directed at evenly spaced intervals, even if feeling better. Take missed doses as soon as remembered if within 6 hr; omit if remembered later. Gradual dose reduction may be necessary.
● May cause dizziness or visual disturbances. Caution patient to avoid driving and other activities requiring alertness until response to medication is known.

Evaluation/Desired Outcomes
● Decrease in frequency of life-threatening ventricular arrhythmias.
● Decrease in supraventricular tachyarrhythmia.

Why was this drug prescribed for your patient?

Adverse patient to notify health care professional of medication regimen prior to treatment or surgery.

Instruct patient to notify health care professional if chest pain, shortness of breath, or diaphoresis occurs.

Instruct patient to carry identification describing disease process and medication regimen at all times.

Emphasize the importance of follow-up exams to monitor progress.

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