sotalol (soe-ta-lole)  
Betapace, Betapace AF, Rylosol, Sorine  

**Classification**  
Therapeutic: antiarrhythmics (class III)  

**Pregnancy Category:** B  

**Indications**  
Management of life-threatening ventricular arrhythmias. Betapace AF: Maintenance of normal sinus rhythm in patients with highly symptomatic atrial fibrillation/atrial flutter (AF/AFL) who are currently in sinus rhythm.

**Action**  
Blocks stimulation of beta1 (myocardial) and beta2 (pulmonary, vascular, and uterine) -adrenergic receptor sites. Therapeutic Effects: Suppression of arrhythmias.

**Pharmacokinetics**  
Absorption: Well absorbed following oral administration (bioavailability 90–100%).  
Distribution: Crosses the placenta; enters breast milk.  
Metabolism and Excretion: Elimination is mostly renal.  
Half-life: 12 hr (q in renal impairment).

**TIME/ACTION PROFILE (antiarrhythmic effects)**  
<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>2–3 days</td>
<td>8–12 hr</td>
<td></td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**  
Contraindicated in: Hypersensitivity; Decompensated HF; Pulmonary edema; Asthma; Cardiogenic shock; Congestive heart failure; Severe or uncontrolled hypotension; Severe bradycardia; 2nd- and 3rd-degree AV block (unless a functioning pacemaker is present).  
Use Cautionally in: Renal impairment; (7-dosing interval recommended if CO <60 ml/min for patients with ventricular arrhythmias; hepatic impairment; Hypokalemia (7 risk of arrhythmia); G + G sensitivity to beta blockers; Diabetes mellitus (may mask signs of hypoglycemia); Pregnancy (may mask symptoms). Patients with a history of severe allergic reactions (intensity of reactions may be increased); OR, Lactation, Ped: Safety not established; may cause bradycardia, hypotension, hypoglycemia, or respiratory depression.

**Adverse Reactions/Side Effects**  
CNS: Fatigue, weakness, anxiety, dizziness, drowsiness, insomnia, memory loss, tinnitus, tremor, vertigo, syncope, confusion, confusion, disorientation, slurred speech, dysarthria.  
EENT: Blurred vision, dry eyes, nasal stuffiness.  
Resp: Bronchospasm, wheezing.  
CV: Arrhythmias, bradycardia, HF, Pulmonary edema, orthostatic hypotension, peripheral vasodilation.  
GI: Constipation, diarrhea, nausea.  
GU: Erectile dysfunction.  
Derm: Itching, rash.  
Endo: Hyperglycemia, hypoglycemia.  
MS: Arthralgia, back pain, muscle cramps.  
Neuro: Parathesia.  
Misc: Drug-induced lupus syndrome.

**Interactions**  
Drug-Drug: Concurrent use with other class 1A antiarrhythmics is not recommended due to risk of arrhythmias. General: Amiodarone, Valproate, and amiodarone may cause additive bradycardia. Additive hypotension may occur with digoxin, beta-blockers, verapamil, and diltiazem. Additive hypotension may occur with other antihypertensives, acute ingestion of alcohol, or narcotics. Concurrent use with amphetamines, cocaine, ephedrine, epinephrine, norepinephrine, phystostigmine, or pseudoephedrine may result in supranormal alpha-adrenergic stimulation (excessive hypertension, bradycardia). Concurrent thyroid hormone administration may affect effectiveness. May alter the effectiveness of insulin or oral hypoglycemic agents (dose adjustments may be necessary). May alter the effectiveness of beta-adrenergic bronchodilators and theophylline. May decrease the beneficial beta-cardiac effects of dopamine and dobutamine. Discontinuation of clonidine in patients receiving sotalol may result in excessive rebound hypertension. Use cautiously within 14 days of MAO inhibitors (may result in hypertensive crisis).

**Route/Dosage**  
**Ventricular Arrhythmias**  
PO (Adults): 80 mg twice daily; may be gradually qd (usual maintenance dose is 160–320 mg/day in 2–3 divided doses; some patients may require up to 480–640 mg/day).

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pregnancy Category:** B

<https://www.mayoclinic.org/health/sotalol/D-20051573>
Renal Impairment
PO (Adults): CCr 30–59 mL/min—initial dose of 80 mg, with subsequent doses given q 24 hr; CCr 10–29 mL/min—initial dose of 80 mg, with subsequent doses given q 36–48 hr.

Atrial Fibrillation/Atrial Flutter
PO (Adults): 80 mg twice daily; may be given q 36–48 hr if necessary.

Renal Impairment
PO (Adults): CCr 40–60 mL/min—Administer q 24 hr.

NURSING IMPLICATIONS

Assessment
- Monitor ECG prior to and periodically during therapy. May cause life-threatening ventricular tachycardia associated with QT interval prolongation. Do not initiate sotalol therapy if baseline QTc is longer than 450 ms. If QT interval becomes > 500 ms, reduce dose, prolong duration of infusion, or discontinue therapy.
- Monitor BP and pulse frequently during dose adjustment period and periodically during therapy. Assess for orthostatic hypotension when assisting patient up from supine position.
- Monitor intake and output ratios and daily weight. Assess patient routinely for evidence of fluid overload (peripheral edema, dyspnea, rales/crackles, fatigue, weight gain, irregular cardiovascular intervals).
- Lab Test Considerations: Calculate creatinine clearance prior to dosing.
- May cause increases in BUN, serum lipoprotein, potassium, triglyceride, and uric acid levels.
- May cause increased ANA titers.
- May cause increase in blood glucose levels.
- Toxicity and Overdose: Monitor patients receiving beta blockers for signs of overdose (bradycardia, severe dizziness or fainting, severe hypotension, dyspnea, hallucinations, or seizures). Notify health care professional immediately if these signs occur.
- Sotalol has been used in normal bradycardia and hypertension.

Potential Nursing Diagnoses
Noncompliance (Patient/Family Teaching)

Implementation
- Do not confuse sotalol with Sudafed (pseudoephedrine).
- Patients should be hospitalized and monitored for arrhythmias for at least 3 days during initiation of therapy and dose increases.
- Do not substitute Betapace for Betapace AF. Make sure patients transferred from Betapace to Betapace AF have enough Betapace AF upon leaving the hospital to allow for uninterrupted therapy until Betapace AF prescription is filled.
- PO: Take apical pulse prior to administering. If <50 bpm or if arrhythmia occurs, withhold medication and notify health care professional. Administer on an empty stomach, 1 hr before or 2 hr after meals. Administration with food, especially milk or milk products, reduces absorption by approximately 20%.
- Avoid administering antacids containing aluminum or magnesium within 2 hr before administration of sotalol.
- For patients unable to swallow pills, pharmacist can convert tablets to a solution.

Patient/Family Teaching
- Instruct patient to take medication as directed, at the same time each day, even if feeling well; do not skip or double up missed doses. Take missed doses as soon as possible up to 8 hr before next dose. Abrupt withdrawal may precipitate life-threatening arrhythmias, hypotension, or myocardial ischemia. Advise patients taking Betapace AF to read Medication Guide before starting and with each refill of prescription changes.
- Advise patient to make sure enough medication is available for weekends, holidays, and vacations. A written prescription may be kept in wallet in case of emergency.
- Teach patient and family how to check pulse and BP. Instruct them to check pulse daily and BP before meals. Advise patient to hold dose and contact physician if pulse is < 50 bpm or if BP changes significantly.
- May cause drowsiness or dizziness. Caution patients to avoid driving or other activities that require alertness until response to the drug is known.
- Advise patients to change positions slowly to minimize orthostatic hypotension, especially during initiation of therapy or when dose is increased.
- Caution patient that this medication may increase sensitivity to cold.
- Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications, especially cold preparations.
sotalol

- Diabetic patients should closely monitor blood glucose, especially if weakness, malaise, irritability, or fatigue occurs. Medication may mask tachycardia and increased HR as signs of hypoglycemia, but dizziness and sweating may still occur.
- Advise patient to notify health care professional immediately if new fast heartbeats, lightheadedness, and fainting occurs, or if slow pulse, difficulty breathing, wheezing, cold hands and feet, dizziness, confusion, depression, rash, fever, sore throat, unusual bleeding, bruising, pain, or swelling at an infusion site occurs.
- Advise patient to carry identification describing disease process and medication regimen at all times.

Evaluation/Desired Outcomes
- Control of arrhythmias without appearance of detrimental side effects.

Why was this drug prescribed for your patient?