

IBUTILIDE CLINICAL AID

Advantages

- Rapid effect for AF and AFL
- Hemodynamically neutral
- Drug-of-choice for **AFL** (80% effective by 4h)

To ↓ Risk of VT

- Avoid with structural heart disease
- Confirm normal serum K^+ and Mg^+
- Confirm QTc interval <480 ms
- ECG monitoring for 4h post

Administration

Weight-based Dosing

- If weight >60 kg, 1 mg over 10m
- If weight <60 kg, use 0.01 mg/kg

Give Both Half-doses

After 10m interval, give 2nd half-dose unless the 1st results in:

- Cardioversion
- Adverse events, e.g. VT
- QTc prolongation >480 ms

1st half-dose sufficient for DCCV pre-treatment (to ↑ DCCV effect)

Allow at least 60m for effect

Optional Adjuncts

MgSO₄ Supplement

- To ↑ ibutilide effectiveness 3-4g over 1h pre-ibutilide (supported by several studies)
- To ↓ incidence of VT 5g over 1h pre-ibutilide and 5g over 2h during/post (supported by one trial)

Source: Adapted from Fig E2 in [Vinson. Ann Emerg Med. 2018.](#)