Alert	Use in consultation with a Paediatric Cardiologist. Contraindicated in infants with reduced myocardial contractility. Use caution in patients with congenital heart disease—increased potential for proarrhythmic effects. Intravenous flecainide needs close cardiorespiratory monitoring due to the potential for an acute deterioration.
Indication	Treatment of paroxysmal supraventricular tachycardia, paroxysmal atrial fibrillation/flutter and life- threatening ventricular dysrhythmias as a second-line agent where tachycardia has been resistant to first-line agents.
Action	Flecainide causes a decrease in intracardiac conduction for all parts of the heart, with the greatest effect in the His-Purkinje system. It acts by blocking fast sodium channels. As a type IC agent, it slows cardiac conduction and decreases contractility.
Drug Type	Type Ic antiarrhythmic.
Trade Name	Flecainide Sandoz Tablets; Flecatab Tablets; Tambocor solution for injection, Tambocor Tablets
Presentation	Intravenous: 10 mg/mL (15 mL) injection. Oral: Flecainide 20 mg/mL suspension compounded by pharmacy. 50 mg, 100 mg tablets.
Dosage/Interval	Oral: Start at 1 mg/kg/dose 8 or 12 hourly. Increase by 1 mg/kg/dose as necessary to achieve maintenance of sinus rhythm up to maximum dose. Intravenous: 2 mg/kg over at least 10 minutes.
Route	Oral [preferred route] or intravenous.
Maximum Daily Dose	8 mg/kg/day.
Preparation/Dilution	Draw up 10 mg (1 mL) and make up to 10 mL with glucose 5% to make a final volume of 10mL with a concentration of 1mg/mL. It can also be administered undiluted.
Administration	Oral: Administer between milk feeds. Do not administer with milk. Milk decreases absorption in infants. Intravenous: IV infusion over at least 10 minutes. IV flecainide needs to be monitored very closely with the potential for an acute deterioration.
Monitoring	Initiate treatment in hospital with ECG monitoring in consultation with paediatric cardiologist. When intravenous route used, continuous ECG monitoring is mandatory. Perform ECG when the dosage is increased – monitor QRS duration and dysrhythmia. Therapeutic trough concentrations are not routinely required (200–1000 microgram/L).
Contraindications	Cardiogenic shock. Hypersensitivity to flecainide. Significant renal impairment (creatinine clearance < 50 mL/min). Reduced left ventricular ejection fraction.
Precautions	Use with caution in patients with congenital heart disease or conduction system disease (right bundle branch block, with left hemiblock and without pacemaker; second- or third-degree atrioventricular block, without pacemaker; sick sinus

	syndrome [bradycardia-tachycardia syndrome]). Milk decreases oral flecainide absorption. Consider decreasing oral dose or dose monitoring if change of milk diet. Dosing adjustments are required in infants with renal impairment because 10% to 50% of a flecainide dose is excreted in the urine. Use with caution in significant hepatic impairment.
Drug Interactions	Drugs prolonging QT interval (cisapride, amiodarone, clarithromycin, chloral hydrate, ciprofloxacin, erythromycin, octreotide, sodium phosphate, vasopressin, ketoconazole, fluconazole, hydrochlorothiazide, azithromycin, propranolol, digoxin, verapamil).
Adverse Reactions	**Adults:** **Common** Cardiovascular: Palpitations (6.1%); Gastrointestinal: Nausea (up to 10%); Neurological: Dizziness (18.9% to 30%), Headache (4.5% to 9.6%); Ophthalmological: Blurred vision (10% to 38%), Photopsia (up to 30%); Respiratory: Dyspnoea (up to 10.3%); Other: Fatigue (7.7%). **Serious** Cardiac arrest, cardiac dysrhythmia, cardiogenic shock, disorder of pacing function, electrocardiogram abnormalities, heart block, heart failure (new onset or worsening [up to 25.7%]), prolonged QT interval, sinus node dysfunction (1% to less than 3%), syncope (1% to less than 3%), torsades de pointes, ventricular fibrillation, ventricular tachycardia. **Children:** Dizziness, blurred vision and headache have been reported in children.
Compatibility	5% glucose
Incompatibility	Incompatible with alkaline and chloride-containing solutions.
Stability	Diluted solution stable for 24 hours at 25°C. Oral suspension compounded by Pharmacy stable for up to 60 days.
Storage	Ampoules. Store below 30°C. Protect from light. Tablets. Store below 30°C. Compounded suspension: Store at room temperature.
Special Comments	
Evidence summary	Refer to full version
References	Refer to full version

Original version Date: 02/03/2017	**Author: Neonatal Medicines Formulary Consensus Group**
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