



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
diltiazem



Effective Date: Dec 2011

CLASSIFICATION
Antiarrhythmic

OTHER NAMES
Cardizem

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Revised Date: Dec 2022

ADMINISTRATION POLICY:

- IV Infusion – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU
- IV Bolus – Administration restricted to nurses under direct supervision of prescriber

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 5 mg/mL – 5 mL and 10 mL single use vials REFRIGERATE

IV Bolus: Administer undiluted over 2 minutes

IV Infusion: Pump Library:

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	dilt100	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
100 mg (20 mL of 5 mg/mL)	100 mL NS	120 mL	0.833 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 5 mg/h		Soft High Dose Limit: 15 mg/h	

DOSAGE:

Loading dose: 0.25 mg/kg over 2 minutes – after 15 minutes may repeat 0.35 mg/kg over 2 minutes

Maintenance dose: Start at 5 to 10 mg/hour. Increase infusion rate in 5 mg/hour increments up to 15 mg/hour (titrate to patient’s response)

Infusion duration exceeding 24 hours and infusion rates exceeding 15 mg/hour are not recommended

Maximum single dose: 25 mg

Maximum daily dose: 360 mg (based on 15 mg/hour continuous infusion)

Maximum rate: 15 mg/hr

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, combination dextrose and dextrose/saline solutions



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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Contraindicated in patients with sick sinus syndrome, second or third degree AV block, known hypersensitivity to diltiazem, severe hypotension, ventricular tachycardia or in pregnancy
- Hypotension, vasodilation, arrhythmia, atrial flutter, AV block, bradycardia
- Constipation, nausea, vomiting, increased SGOT or Alk Phos
- Dizziness
- Dry mouth, decreased vision, headache, dyspnea, weakness

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Continuous cardiac monitoring required
- Monitor blood pressure and heart rate every 5 minutes until stable then every 15 minutes PRN
- Use cautiously in patients on concurrent beta blockers
- Elderly patients: May require lower doses