disopyramide phosphate
Norpace, Norpace CR, Rythmodan*, Rythmodan-LA*

Pyridine derivative; group IA antiarrhythmic, ventricular antiarrhythmic, supraventricular antiarrhythmic, atrial antitachyarrhythmic
PRC: C

Available forms
Capsules: 100, 150 mg; Capsules (extended-release): 100, 150 mg

Indications & dosages
➤ PVCs, VT, conversion of atrial fibrillation and flutter and PAT to normal sinus rhythm—Adult: Initially 200-300 mg PO. Usual maintenance 150 mg PO q 6 hr. Or 300 mg (extended-release) PO q 12 hr. If patient weighs > 50 kg (110 lb), give 100 mg PO q 6 hr or 200 mg (extended-release) PO q 12 hr. For patient with cardiomyopathy or possible cardiac decompensation, give 100 mg PO q 6-8 hr initially; then adjust as indicated. Child 12-18 yr: 6-15 mg/kg PO daily. Child 4-12 yr: 10-15 mg/kg PO daily. Child 1-4 yr: 10-20 mg/kg PO daily. Child < 1 yr: 10-30 mg/kg PO daily.†‡

All children’s doses should be divided equally and given q 6 hr. Extended-release capsules aren’t recommended for children. Elderly patients may need dosage reduction.

Interactions
Antiarrhythmics: May cause additive or antagonistic cardiac effects and additive toxicity.

— Anticholinergics: May cause additive anticholinergic effects.
— Beta blockers: May cause hypotension and bradycardia.
— Erythromycin: May increase disopyramide levels, causing arrhythmias and increased QT intervals.
— Hydantoins: May decrease disopyramide levels, half-life, and bioavailability.
— Insulin, oral antidiabetics: May cause additive hypoglycemia.
— Rifampin: May impair antiarrhythmic activity of disopyramide.
— Warfarin: May potentiate anticoagulant effects.

dobutamine hydrochloride
Dobutrex

Adrenergic, beta₁-agonist; inotropic agent
PRC: B

Available forms
Injection: 12.5 mg/ml in 20-ml vials (parenteral)

Indications & dosages
➤ To increase cardiac output; cardiac surgery—Adult: 2.5-15 mcg/kg/min IV infusion. Up to 40 mcg/kg/min prn (rare).

Interactions
Beta blockers: May antagonize cardiac effects of dobutamine.
Bretylium: May potentiate actions of vasopressors on adrenergic receptors.
Guanadrel, guanethidine: May potentiate pressor effects of dobutamine, possibly resulting in hypertension and cardiac arrhythmias.
Inhaled hydrocarbon anesthetics: May trigger ventricular arrhythmias. 
Nitroprusside: May increase cardiac output and decrease pulmonary artery wedge pressure. 
Oxytocic drugs: May cause persistent hypertension. 
Rauwolfia alkaloids: May prolong dobutamine action. 
TCAs: May potentiate pressor response.

**docusate calcium** 
DC Softgels, Surfak Liquigels

**docusate sodium** 
Colace; Diocto; Docu; DOS.; D-S-S; Ex-Lax Stool Softener; Genasoft; Mondane Soft, Non-Habit Forming Stool Softener; Phillips’ Liqui-Gels; Regulax SS

Surfactant; emollient laxative
PRC: C

**Available forms**
calcium Capsules: 240 mg; Capsules (softgel): 240 mg; 
sodium Capsules: 50, 100, 250 mg; Capsules (softgel): 50, 100, 250 mg; 
Syrup: 20 mg/5 ml, 50 mg/15 ml, 60 mg/15 ml, 100 mg/30 ml; Tablets: 100 mg

**Indications & dosages**
➤ Stool softener—Adult, child > 12 yr: 50-500 mg PO daily until BM normal. 
Child 6-12 yr: 40-120 mg sodium PO daily. Child 3-6 yr: 20-60 mg sodium PO daily. Child < 3 yr: 10-40 mg sodium PO daily.

**Interactions**
Mineral oil: May increase absorption of mineral oil and cause toxicity.

**dofetilide**
Tikosyn

Antiarrhythmic; Class III antiarrhythmic 
PRC: C

**Available forms**
Capsules: 125, 250, 500 mcg

**Indications & dosages**
➤ Maintenance of normal sinus rhythm (NSR) in patients with symptomatic atrial fibrillation or flutter > 1 wk; conversion of atrial fibrillation and flutter to NSR—
Adult: 500 mcg PO bid if CrCl > 60 ml/min; 250 mcg PO bid if CrCl is 40-60 ml/min; 125 mcg PO bid if CrCl is 20-< 39 ml/min. Measure QT interval before 1st dose and q 2-3 hr after each dose in hospital. If QTc interval increases by > 15% or is > 500 msec (550 msec in ventricular conduction abnormalities) 2-3 hr after 1st dose, adjust as follows: If initial dose 500 mcg PO bid, give 250 mcg PO bid. If initial dose 250 mcg PO bid, give 125 mcg PO bid. If initial dose 125 mcg PO bid, give 125 mcg PO once daily. If QTc interval > 500 msec (550 msec in ventricular conduction abnormalities) any time after 2nd dose, stop drug.

**Interactions**
Amiloride, amiodarone, diltiazem, inhibitors of CYP3A4 isoenzyme, macrolides, metformin, nefazodone, norfloxacin, protease inhibitors, quinine, SSRIs, tri-