<table>
<thead>
<tr>
<th><strong>Mechanism of Action</strong></th>
<th>Blocks calcium-dependent contractions in cardiac and peripheral smooth muscle leading to vasodilation; slows cardiac conduction through the AV node</th>
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</table>
| **Dosing†**             | **Acute setting**: 0.25 mg/kg (average 20 mg) IV over 2 min; may give 2nd bolus (0.35 mg/kg, average 25 mg) can be given 15 minutes later if HR > 100 bpm, then 5 to 15 IV mg/hr.  
Continuous IV therapy should not be administered for longer than 24 hours  
**Non-acute setting or maintenance**: 120 to 480 mg PO daily.  
Can switch to slow-release drug, which is available and preferred.  
**Elderly**: Initiate dosage at the lower end of the adult range  
**Hepatic Impairment**: May accumulate; dose based on clinical response  
**Renal Impairment**: No dosage adjustment needed |
| **Contraindications**   | • acute MI and pulmonary congestion  
• hypotension (SBP <90)  
• sick sinus syndrome without pacemaker  
• 2nd or 3rd degree AV block without pacemaker |
| **Major Side Effects**  | hypotension, heart block, HF |
| **Dosage forms and Strengths** | **PO**:  
30 mg, 60 mg, 90 mg, 120 mg immediate-release tablets  
120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg extended-release capsules 120 mg, 180 mg, 240 mg extended-release tablets  
**IV**:  
100 mg powder for injection  
125 mg/25 mL, 50 mg/10 mL, 25 mg/5 mL, 5 mg/mL solution for injection |
| **Special Notes**       | Many diltiazem products are not equivalent on a mg:mg basis; monitor response and side effects when interchanging between products.  
Cardizem LA is a chronotherapeutic product; give at bedtime to blunt early morning surge in blood pressure |
| **Counseling**          | Contents of extended-release capsules may be sprinkled over food, but do not chew or crush contents |

*Refer to prescribing information for more complete information.
†Dosages given in the table may differ from those recommended by the manufacturers.

Sources: