

#### Overdose of quetiapine leads to tachycardia, CNS depression and hypotension

# **Toxicity / Risk Assessment**

Clinical toxicity is dose dependent

Onset of symptoms : within 4 hours for standard release and

up to 12 hours following modified release exposure

Exposures >3 g are associated with significant CNS

depression and ↓BP

*Coma may last >72 hours following large ingestions* 

#### **Clinical features:**

- CNS and respiratory depression with loss of airway protection
- CVS: peripheral vasodilation and  ${\downarrow}BP$  secondary to  $\alpha\text{-receptor antagonism, }{\uparrow}QT\text{ (TdP has not been reported)}$
- Anticholinergic features: ↑HR, sedation with intermittent agitation, urinary retention
- Seizures are rare

### **Management**

Supportive care is the mainstay of management

Decontamination: Activated charcoal 50 g for exposures >3 g

Standard Release: in conscious patients within 2 hours of ingestion

Modified Release: in conscious patients within 4 hours of ingestion

Any patient requiring intubation (via NG tube post intubation)

### **Hypotension** (Graduated approach)

Fluid: Initially load with 10-20 mL/kg IV crystalloid.

Norepinephrine infusion: if hypotension resistant to fluid load up to 30 mL/kg

(*Epinephrine is relatively contraindicated* due to possible β-receptor mediated vasodilation and  $\downarrow$ BP)

### **Seizures** (usually self-limiting)

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

#### Other supportive care:

- Correct any electrolyte abnormality (Ca<sup>2+</sup>, K<sup>+</sup>, Mg<sup>2+</sup>)
- Monitor for urinary retention

#### There is no role for extracorporeal elimination techniques

## Disposition

- Discharge pending mental health assessment if clinically well 4 hours post standard release exposure or 12 hours post modified release exposure
- Advise patient not to drive for at least 72 hours post exposure

**AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE** 

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