**Quetiapine**

Overdose of quetiapine leads to tachycardia, CNS depression and hypotension

**Toxicity / Risk Assessment**

*Clinical toxicity is dose dependent*

*Onset of symptoms: 2-4 hours for standard release and up to 8 hours following modified release exposure*

*Exposures >3 g are associated with significant CNS depression and ↓BP*

*Coma may last >72 hours post following large ingestions*

**Clinical features:**

- Anticholinergic features: ↑HR, sedation with intermittent agitation, urinary retention
- CVS: peripheral vasodilation and ↓BP secondary to α-receptor antagonism, ↑QT (TdP has not been reported)
- CNS and respiratory depression with loss of airway protection. 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 an hour 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 resistant to fluid load up to 30 mL/kg*

*(Epinephrine is contraindicated: increased hypotension due to β-receptor mediated vasodilation)*

**Seizures (usually self-limiting)**

**Benzodiazepines:** Diazepam 5 mg IV every 5 minutes as necessary

**Other supportive care:**

- Correct any electrolyte abnormality (Ca²⁺, K⁺, Mg²⁺)
- Exclude urinary retention using bladder scanner

*There is no role for extracorporeal elimination techniques*

**Disposition**

- Discharge pending mental health assessment if clinically well 4 hours post standard release exposure or 8 hours post modified release exposure