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 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 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 ↓BP)*

Seizures (usually self-limiting)

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

Other supportive care:

- Correct any electrolyte abnormality (Ca²⁺, K⁺, Mg²⁺)
- 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