Quetiapine

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 ↓BP secondary to α-receptor antagonism, ↑QT (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 ↓BP)*

Seizures (usually self-limiting)

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

Other supportive care:

- Correct any electrolyte abnormality (Ca^{2+}, K^{+}, Mg^{2+})
- 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