Arizona Poison & Drug Information System - Chloroquine/Hydroxychloroquine Ingestion Guidelines

Acute Concerns Related to COVID-19

**Background:** These medications (hydroxychloroquine and chloroquine) are potentially dangerous when used inappropriately, have numerous drug-drug interaction (CYP 3A4, 2C8, 2D6), and can result in the following effects:

*Neurologic:* sedation and coma, seizures; psychosis/hallucinations (more commonly in kids).

*Cardiac:* hypotension, bradycardia, ventricular dysrhythmias, QTc prolongation (torsades de pointes).

*Metabolic/Hematologic:* hypokalemia, hypoglycemia; methemoglobinemia/hemolysis (G6PD deficiency pts)

*Gastro-intestinal:* nausea, vomiting, diarrhea.

*Pulmonary:* respiratory depression, apnea.

All symptomatic (and worrisome history) patients must be discussed with the on-call toxicologist.

**Initial Treatment:** All patients should be monitored for at least 6 hours and admitted if they develop any signs/symptoms of toxicity. GI decontamination should be considered in alert/cooperative patients presenting within one hour of ingestion. Early intubation for patients with CNS or respiratory dysfunction.

Other interventions include:

**SEIZURES:** GABA-agonist (higher-doses of lorazepam, diazepam, phenobarbital).

**QRS WIDENING / DYSRHYTHMIAS:** sodium bicarbonate (2 mEq/kg IVP); repeat ECG; consider infusion.

**HYPOTENSION:** 2 liters LR and epinephrine/norepinephrine infusion; start early and titrate.

**Laboratory Testing:** serial testing of ECGs, BMPs (potassium), CBC (hemolysis), continuous pulse oximetry, ABG and methemoglobin level for unexplained hypoxia; serum phosphate/calcium for non-medical products.

COVID-19 testing, serum pregnancy, ethanol and APAP/ASA in appropriate patients

All patients should be questioned about: reason for ingestion (specifically: risk for COVID-19 infection), other ingestions, and family/friends engaged in similar ingestions.

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