



Poison HOTLINE

1-800-222-1222

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Did you know

All health care providers should anticipate that any illicitly-purchased opioid likely contains fentanyl.

Bulk fentanyl is inexpensive and may be sold as “heroin” and other street drugs. Larger doses of naloxone may be needed to reverse opioid effects in exposures to the illicit synthetic opioid.

A negative opioid result on a routine hospital urine drug screen (UDS) **does not rule out** exposure to fentanyl or a fentanyl analogue. UDS commonly test for natural opioids such as morphine, codeine and heroin but are unable to detect semi-synthetic and fully synthetic opioids like fentanyl.

Call **1-800-222-1222** for assistance with managing an overdose.

Chloroquine & Hydroxychloroquine

Chloroquine (CQ) and hydroxychloroquine (HCQ) are FDA approved for the treatment and prophylaxis of malaria. HCQ is also FDA approved for the treatment of lupus and rheumatoid arthritis. Although these two medications have been used for many years, they have recently been studied for the treatment of CoVID-19, increasing the public’s awareness of them.

CQ’s and HCQ’s exact mechanism is not fully understood, but in overdose, they have several important effects. Both medications block sodium, potassium and calcium channels, and they both cause a shift of potassium into cells causing hypokalemia.

CQ and HCQ can cause severe toxicity and death in overdose. Both have a very narrow therapeutic window and it does not take large amounts to reach a toxic dose. Patients deteriorate quickly, typically within 3 hours after an ingestion, so early and aggressive treatment is crucial.

Clinical effects include hypotension, bradycardia, cardiac arrhythmias, CNS and respiratory depression, seizures, hypokalemia and hypoglycemia.

Treatment

- 1) Epinephrine is the preferred vasopressor for hypotension and cardiac collapse.
- 2) High-dose diazepam is used to treat seizures along with hypotension and cardiogenic.
- 3) Potassium replacement must be done with caution as **HYPER**kalemia may occur precipitously and lead to lethal arrhythmias.
- 4) Sodium bicarbonate is used to treat QRS widening from sodium channel blockade but can also worsen hypokalemia.

What to Avoid

- 1) Thiopental and possibly other barbiturates as deaths have been attributed to the use of thiopental during intubation in these overdoses.
- 2) Beta blockers may further worsen cardiac contractility.
- 3) Antiarrhythmics from classes Ia, Ic and III as these also block sodium and potassium channels and may further worsen cardiac conduction.

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