



Poison HOTLINE

1-800-222-1222

December 2021



Did you know

In Florida since the beginning of December, there have been approximately 15 cases of synthetic cannabinoid (e.g. K2, Spice, etc.) users developing a severe coagulopathy. All of the cases have been reported around the city of Tampa.

The patients have presented with uncontrollable nose bleeds, hematuria or vaginal bleeding. In all cases, the prothrombin time (PT) and INR have been greater than what could be measured.

Public health departments and law enforcement are investigating the source of the cannabinoids.

If you have a patient who uses synthetic cannabinoids and has a severe coagulopathy, please contact the IPCC at **1-800-222-1222**.

Dofetilide – An Antiarrhythmic

Dofetilide (Tikosyn®) is a class III antiarrhythmic used to convert atrial fibrillation/atrial flutter to normal sinus rhythm. It is also used to maintain normal sinus rhythm in patients who have had highly symptomatic atrial fibrillation/atrial flutter lasting longer than one week

Dofetilide is more potent and selective than other class III antiarrhythmics such as amiodarone, ibutilide and sotalol. Dofetilide selectively blocks certain potassium channels in the heart, causing a prolonging of the QT interval without affecting the PR or QRS intervals.

Dofetilide may induce or worsen ventricular dysrhythmias and may produce life threatening polymorphic ventricular tachycardia (torsades de pointes). Patients who have a history of torsade de pointes, a prolonged QTc interval greater than 440 milliseconds, hypomagnesemia, or a potassium less than 4.0 mEq/L have an increased risk of developing ventricular dysrhythmias. Other adverse effects that may occur with dofetilide administration include, but are not limited to, chest pain, nausea, abdominal pain, flatulence, diarrhea, headache, dizziness, and fatigue.

While there is limited information with regards to dofetilide's effects in an overdose, there have been reports of QT prolongation, torsade de pointes and complete heart block. Plasma concentrations are not readily available and are not clinically useful in management of dofetilide overdoses.

Treatment of dofetilide toxicity is symptomatic and supportive. Get a 12-lead ECG as soon as possible, start continuous cardiac and blood pressure monitoring, and monitor electrolytes, magnesium and potassium. Torsade de pointes is treated with magnesium and may require overdrive pacing. Hemodialysis is not indicated due to dofetilide's large volume of distribution.

Dofetilide has multiple drug - drug interactions with QTc prolonging drugs including certain antidepressants, antibiotics, and antiemetics. Check for drug - drug interactions with the prescribing physician, a pharmacist or call the IPCC at **1-800-222-1222**.

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Help
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