Possible COVID-19 Pharmacotherapies and QTc/TdP Liability
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Pre-Initiation Checklist
- Obtain pre-treatment QTc using standard 12-lead ECG, telemetry, or mobile ECG device.
- Obtain baseline expanded electrolytes (Ca²⁺, Mg²⁺, and K⁺).
- Determine if any home QTc prolonging medications can be discontinued (www.qtdrugs.org).
- Document high-risk CV and co-morbid conditions.

qt_c_prolonging_drug(s) under consideration?
(e.g. chloroquine, hydroxychloroquine +/- azithromycin, and/or lopinavir/ritonavir).

QTc ≥ 500 ms
1%

QTc ≥ 460 ms (pre-puberty), ≥ 470 ms (post-pubertal males), and ≥ 480 ms (post-pubertal females), but < 500 ms.
9%

QTc < 460 ms (pre-puberty), < 470 ms (post-pubertal males), or < 480 ms (post-pubertal females).
90%

Benefits >> DI-SCD Risk?
- Document increased risk of TdP.
- Discontinue/avoid QTc prolonging medications.
- Correct electrolytes abnormalities (K⁺ > 4; Mg²⁺ > 2).
- Place on telemetry or consider LifeVest.

PAUSE
- Correct electrolytes abnormalities (K⁺ > 4; Mg²⁺ > 2).
- Discontinue unnecessary QTc prolonging medications.

POSTORE/CONTINUE

Post-Initiation Checklist
- Repeat QTc using standard 12-lead ECG, telemetry, or mobile ECG device.
- Obtain baseline expanded electrolytes (Ca²⁺, Mg²⁺, and K⁺).

ΔQTc ≥ 60 ms or QTc ≥ 500 ms
ΔQTc < 60 ms and QTc < 500 ms

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