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Obtain Baseline ECG on all patients with COVID-19
A: Keep K and Mg replete B: Ideally discontinue all unnecessary QT prolonging drugs

Normal Baseline QT (QTc < 470 ms)
Administer potential QTc prolonging medication, if recommended by guidance doc
Obtain ECG 2-3 hours after 2nd dose
If QTc remains < 500 ms or increases by < 60 ms, can continue regimen

Marginal Baseline QT (QTc 470 – 500 ms)
Or history of long QT*
Caution required
If QTc prolongs to > 500 ms, or increases by ≥ 60 ms, stop or lower dose and repeat daily until QTc returns to < 500 ms

Abnormal Baseline QT (QT > 500 ms)
Do not administer QTc prolonging medication, or carefully review and document risk/benefit pre-initiation*

Notes:
- Adjust for baseline wide QRS: (QTc = QTC – (QRS – 100 ms)). For example, if the baseline QRS is 180 ms, a QTc of 570 ms translates to 490 ms [570 – (180-100)].
- High risk patients for development of Torsades de Pointes, who should be considered for continuous telemetry monitoring, including those with LV dysfunction (LVEF <40%)
- Must discontinue drug for any evidence of Torsades de Pointes
- * Consider cardiac arrhythmia consultation