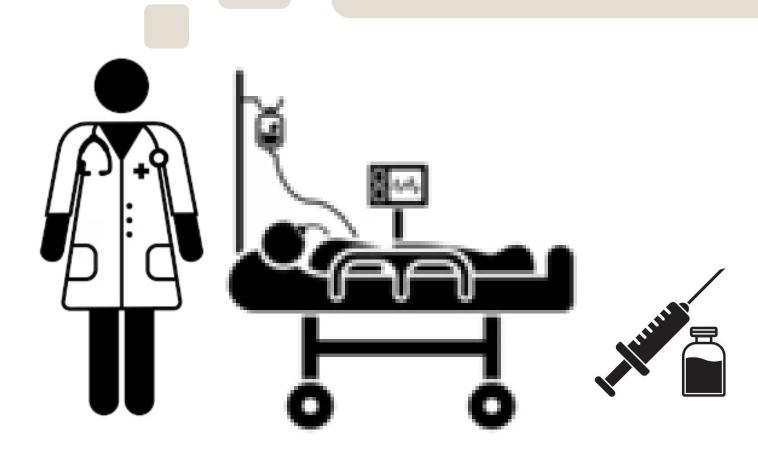
Quinidine: when old becomes new again

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How to administer Quinidine?

- 300 mg 3x/day and titrate the dose
- Switch to Serecor® after extubation

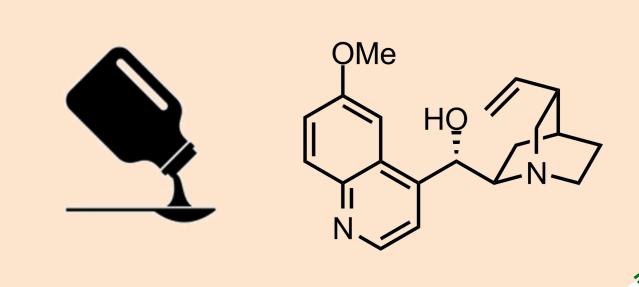
What about hydroquinidine (Serecor®)?

- Extended-release form → It cannot be crushed
- Unsuitable for enteral feeding tubes

Quinidine for who?

- Patient in intensive care unit (ICU)
- Other antiarrhythmic drugs failed

Intubated ICU patients
+ enteral feeding tube
= Quinidine syrup
manufactured by our
hospital pharmacy



Quinidine for what?

- Life-threatening ventricular arrhythmia (VA)
- Still recommended in recent European¹ and American² guidelines

Why quinidine?

- Old class la drug
- Regulate high frequence arrythmia by binding to Na+ and K+ channels
- The IV form is needed in extreme VA cases in ICU patients

Quinidine from where?

 Worldwide unavailable according to several articles

Can the pharmacy department provide a better alternative for these patients?

Literature research

- Indications: VA
- Dosage: 900 2000 mg daily
- Guidelines ^{1, 2}: still recommended
- Salt: sulfate for oral use vs gluconate for IV use

Availability

- IV form: only in Israel
 → difficult import
- Gluconate salt (IV use) unavailable
- Oral tablets: USA
- Sulfate salt (oral use):
 India and Belgium

Feasibility

- Oral form: sulfate salt powder for syrup 10 mg/ml
- Stability: 60 days at room temp
- Syrup: compatible with enteral feeding tube administration

Analysis

- Raw material from
 India → compliant
- Final quality control analysis not needed

Clinical pharmacy unit

Pharmaceutical logistic unit

Production unit

Quality control unit





[1] Zeppenfeld et al, European Heart Journal (2022) 43, 3997–4126 [2] Al-Khatib et al, Heart Rhythm (2018), 15: 10



