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.
- Document high-risk CV and co-morbid conditions.

QTc $\geq$ 500 ms

- Yes
  - Consider alternative non-QTc prolonging therapies with in vitro activity against SARS-CoV-2 or no therapy.
- No
  - No

QTc $\geq$ 460 ms (pre-puberty), $\geq$ 470 ms (post-pubertal males), and $\geq$ 480 ms (post-pubertal females), but $< 500$ ms.

- 90%

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

- 9%

Benefits $>$ DI-SCD Risk?
- Yes
  - PAUSE
    - Correct electrolytes abnormalities ($K^+ > 4$; $Mg^{2+} > 2$).
    - Discontinue unnecessary QTc prolonging medications.
  - STOP
    - All QTc prolonging drugs if TdP observed.
- No
  - PRESCRIBE/CONTINUE

Post-Initiation Checklist
- $\Delta$QTc $\geq$ 60 ms or QTc $\geq$ 500 ms
  - Repeat QTc using standard 12-lead ECG, telemetry, or mobile ECG device.
  - Obtain baseline expanded electrolytes (Ca²⁺, Mg²⁺, and K⁺)
- $\Delta$QTc $< 60$ ms and QTc $< 500$ ms