

Mid-America Poison Control Center

Serving the State of Kansas in Poison Exposures

1-800-222-1222

Antidote Chart (The suggested minimum stocking level is a combination of factors; anticipation of the highest total dose of a drug generally given during a 24 hour period to a 70 kg adult.)

General Decontamination	Uses	Dose	Comments
Activated Charcoal (without sorbitol)	Most ingestions occurring within one hour	Adults: 25–100 grams, Children: 1 g/kg	May be given in multiple doses depending on ingested to enhance elimination
Activated Charcoal (with sorbitol)	May be used as first AC given to patient if presents within one hour of ingestion	Adults: 25–50 grams Children: Not generally recommended	Should not be used for multiple dose activated charcoal regimens
Whole Bowel Irrigation (Polyethylene Glycol)	Drugs not bound by charcoal, sustained release formulations, and body stuffers	Adults: 500–2000 ml/hour Children: 25 ml/kg/hour	Nasogastric tube should be used to maintain amount given
Syrup of Ipecac	No longer recommended	No longer recommended	No longer recommended
Poisoning	Antidote	Quantity to Stock*	Comments
Acetaminophen	N-ACETYLCYSTEINE 10–20% (Mucomyst®) ACETADOTE® ACETYLCYSTEINE Injection for IV use	600 ml (20% Mucomyst®) or 1200 ml (10% Mucomyst®) 4 (30 ml) vials of 20% solution	Because vomiting of the oral NAC is common, the facility should maintain a repeat dose for each patient for initial dosing if continuation of treatment at facility is not anticipated. The IV Acetadote® was just approved in February 2004. Call the MAPCC for dosing, precautions and contraindications. Both the oral and IV forms of acetylcysteine should be administered within 8 hours for maximal protection against hepatic injury.
Anticholinergic Poisoning	PHYSOSTIGMINE (Antilirium®)	2–4 mg* (1 mg/ml vials)	Not generally recommended for children. Call MAPCC due to contraindication with usage.
Arsenic	DIMERCAPTOSUCCINIC ACID (DMSA, Succimer, Chemet®) DIMERCAPROL (BAL®)	DMSA 10 g* 100 x 100 mg capsules Dimercaprol: 2 X 3ml (100 mg/ml) 10% vials	DMSA is preferred treatment modality. BAL should be given if encephalopathy is present or patient unable to take PO DMSA
Benzodiazepines	FLUMAZENIL (Romazicon®)	4 mg* (1 mg/vial x 4)	Contraindicated in benzodiazepine dependent patients, multidrug or unknown ingestion due to high risk of seizures. Most benzodiazepine exposures can be managed with intubation and supportive care, alone.
Beta-Adrenergic Receptor Antagonist	GLUCAGON	50 mg (1 mg or 10 mg/ vial)	Continuous ECG monitoring necessary. May cause nausea/vomiting.
Botulism	BOTULISM ANTITOXIN (ABE Trivalent)	Not available from commercial stock	Available from CDC. Call MAPCC for management.
Calcium Channel Blocker	GLUCAGON CALCIUM GLUCONATE 10% CALCIUM CHLORIDE	Glucagon: 50 mg (1 mg or 10 mg/ vial) + hospital stock calcium: 200 mEq* Ca CaCl (13.6 mEq/10ml x 20) CaGlu (4.65 mEq/10ml X 40)	
Carbamate	ATROPINE SULFATE	Atropine: 150mg* 20 ml (0.4mg/ml) x3 or 1ml (0.4mg/ml) X60 or 10ml (0.1mg/ml) X20	In severely poisoned patients may require exceedingly large doses (up to 100mg over a few hours) Preservative free
Carbon Monoxide	OXYGEN	No special stocking requirements	
Clonidine	NALOXONE HCL (Narcan®)	30mg* 10 ml ampules at 10mg/ml X3	Larger doses than used for opiate toxicity may be needed for treatment of clonidine exposures. Treatment may not work if not instituted early in the course.
Cyanide	CYANIDE ANTIDOTE KIT	2 kits, 2 amyl nitrite ampules 600mg Na nitrite, 25mg Na thiosulfate	
Cyclic Antidepressants	SODIUM BICARBONATE	No special stocking requirements	To treat a 70 kg adult for the first 24 hours would take approximately 500mEq.
Digoxin	DIGOXIN-SPECIFIC IMMUNE FAB (Digibind®, DigFab®)	15 vials	Monitor potassium levels, continuous EKG. NOTE: Digibind® interferes with serum digoxin/digitoxin levels. Call MAPCC for dosing
Dystonic Reaction	DIPHENHYDRAMINE Benadryl® BENZTROPINE Cogentin®	Diphenhydramine 500mg* 10 ml vials at 10mg/ml X 5 benztropine 6 mg* 2 ml ampules at 1mg/ml X3	Maintenance dosing of diphenhydramine or benztropine may be needed after resolution of symptoms.
Ethylene Glycol	FOMEPIZOLE (Antizol®) ETHANOL 10%	Fomepizole 1.5g vials X4 Ethanol: 3 X 1000 (10%) ml bottles in 5% dextrose	DO NOT use ethanol and fomepizole concurrently.
Heparin	PROTAMINE SULFATE	250mg* 10mg/ml (25ml vial)	
Hydrofluoric Acid	CALCIUM GLUCONATE GEL, H-F Gel®	2 tubes* 90 grams each	For topical treatment only. For the treatment of systemic symptoms contact MAPCC.
Hydrogen Sulfide	CYANIDE ANTIDOTE KIT	2 kits, 2 amyl nitrite ampules 600mg Na nitrite, 25mg Na thiosulfate	
Iron	DEFEROXAMINE MESYLATE, Desferal®	6 g* 500mg/5ml vials X12	
Isoniazid (INH)	PYRIDOXINE HCL, Vitamin B6	10 g* 20 X 10 ml (100 mg/ml) vials	Very large amounts may be needed.
Metals: Lead Zinc	CALCIUM DISODIUM EDTATE (EDTA) DIMERCAPTOSUCCINIC ACID (DMSA, SUCCIMER, Chemet®) DIMERCAPROL (BAL®)	EDTA: 18 g* 6 ampules X 3 DMSA: 100 mg capsules X100 Dimercaprol: 2 X 3 ml (100 mg/ml) 10% vials	NOTE: Do not confuse Calcium EDTA with sodium EDTA (edetate disodium)
Mercury	D-PENICILLAMINE (Cuprimine®)	10 g* 40 capsules	Penicillin allergy is a contraindication for use of d-penicillamine
Methanol	FOMEPIZOLE (Antizol®) ETHANOL 10%	Fomepizole: 1.5g vials X4 Ethanol: 3 X 1000 ml (10%) bottles in 5% dextrose	DO NOT use ethanol and fomepizole concurrently.
Methemoglobinemia	METHYLENE BLUE 1%	1% methylene blue ampules X 5	5 X 10 ml (10 mg/ml) vials
Neuroleptic Malignant Syndrome	BROMOCRIPTINE MESYLATE (Parlodel®) DANTROLENE SODIUM (Dantrium®)	Bromocriptine mesylate 75mg* 2.5mg tablets X30 tabs Dantrolene Sodium: 700mg* 20mg/vial X 35 vials	Dantrolene Sodium may not be effective in children.
Opiates	NALOXONE HCL (Narcan®)	30mg* 10 ml ampules at 10mg/ml X3	
Organophosphates	ATROPINE SULFATE PRALIDOXIME CHLORIDE (2-PAM, Protopam®)	Atropine: 150mg* 20 ml (0.4mg/ml) x3 or 1ml (0.4mg/ml) X60 or 10ml (0.1mg/ml) X20 Pralidoxime Chloride: 2 g* 10 ml vials at 100mg/ml X2	In severely poisoned patients may require exceedingly large doses (up to 100mg over a few hours)
Snakebite	CROTALIDAE POLYVALENT IMMUNE FAB, (Ovine) (Crofab®)	20 vials	Call MAPCC for protocol
Sulfonylurea	OCTREOTIDE (Sandostatatin®)	200 mcg* 0.1mg/ml X2	Hourly monitoring of the blood glucose is mandatory with the sulfonylurea drugs, as they tend to cause delayed onset and prolonged hypoglycemia.
Warfarin	PHYTONADIONE (Vitamin K1, Aqua-Mephyton®)	200 mg* 10mg/ml, 5 ml vials X4	Indicated if a large ingestion is suspected, the INR is elevated, or a large chronic exposure to warfarin has occurred.

Larger quantities of certain antidotes would be suggested if a hospital were located in a region that is at a higher risk for a certain types of exposures. Likewise, some exposures (e.g. organophosphates, rattlesnakes) are likely to occur in more than one patient and would require stocking a larger quantity than stated above.

If you have a patient that requires the use of antidotal therapy, a toxicology consult is available from the Mid-America Poison Control Center. 1-800-222-1222