

# Iowa Poison Control Center

## Recommended Antidote Stocking for Hospitals with an Emergency Department

\*\*\* Contact the IPCC for treatment recommendations at **800-222-1222** \*\*\*

These are suggested antidote stocking levels for managing one adult patient for either 8 or 24 hours. Depending upon the severity of the exposure, the actual amount of antidote required for a specific case may be greater than what is listed below.

Each hospital needs to decide its own appropriate antidote stocking levels based on the hospital's: location, history of antidote use, patient population, patient census, industry in the area, pharmacy budget, and availability of antidotes from local resources (e.g. hospital sharing).

Antidote	Poisoning Indication	Suggested Minimum Stocking Level	Access Priority	Comments
Activated charcoal (aqueous)	GI decontamination	100 gm	Immediately	
N-Acetylcysteine <b>IV</b> formulation (Acetadote™)	Acetaminophen, Other hepatotoxins	<b>24 hours:</b> 30 gm or 5x30mL (20%) vials	Within 1 hour	
N-Acetylcysteine <b>Oral</b> formulation (Mucomyst®, Cetylev®)	Acetaminophen, Other hepatotoxins	<b>8 hours:</b> 30 gm or 5x30mL (20%) vials <b>24 hours:</b> 60 gm or 10x30mL (20%) vials	Within 1 hour	
Antivenin, <i>Crotalidae</i> Polyalent Immune Fab – Ovine (CroFab®)	Pit Viper envenomation (e.g. rattlesnakes, cottonmouths, & copperheads)	<b>8 hours:</b> 12 vials <b>24 hours:</b> 18 vials	Within 1 hour	
Antivenin ( <i>Lactrodectus mactans</i> )®, Black Widow Spider	Black Widow Spider envenomation	<b>8 hours:</b> 1 vial <b>24 hours:</b> 1 vial		Special access – contact manufacturer Merck at (800)-672-6372
Atropine sulfate	Organophosphate & carbamate insecticides	<b>8 hours:</b> 50 mg <b>24 hours:</b> 175 mg	Immediately	
Benztropine (Cogentin®)	Acute dystonia	6 mg (3x2 ml, 1 mg/ml)		
Botulinum antitoxin; pentavalent ABCDE	Botulism			Available only from CDC. Contact county or state Department of Public Health.
Bromocriptine	Neuroleptic malignant syndrome	75 mg		
Calcium chloride	Fluoride, Calcium channel blockers	<b>8 hours:</b> 10 gm <b>24 hours:</b> 10 gm	Immediately	Should be administered only through a central line.
Calcium gluconate	Fluoride, Calcium channel blockers	<b>8 hours:</b> 30 gm <b>24 hours:</b> 30 gm	Immediately	
Calcium gluconate powder (to make topical gel)	Hydrofluoric acid dermal burns	<b>8 hours:</b> 100 gm <b>24 hours:</b> 100 gm	Within 1 hour	

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Calcium gluconate gel (Calgonate® 2.5% gel)	Hydrofluoric acid dermal burns	<b>8 hours:</b> 150 gm <b>24 hours:</b> 250 gm	Within 1 hour	
Calcium disodium EDTA (Versenate, Edetate)	Lead	<b>8 hours:</b> 1 gm <b>24 hours:</b> 3 gm		Cost in 2016: WAC \$27,000 per 5 vials.
MUST be the CALCIUM disodium form of EDTA, not the tetrasodium form. Use of tetrasodium form has resulted in death from hypocalcemia.				
Cyanide antidote kit (Nithiodote®)  <b>OR</b>  Hydroxocobalamin hydrochloride (Cyanokit®)	Cyanide poisoning	<b>8 &amp; 24 hours:</b> Nithiodote® kit: 2 kits  <b>OR</b>  Hydroxocobalamin: 10 gm	Immediately	Hospitals do not need to stock both hydroxocobalamin and Nithiodote®. If all other considerations are equal, the IPCC prefers hydroxocobalamin.
Cyproheptadine	Serotonin syndrome	32-64 mg	Within 1 hour	
Dantrolene	Malignant hyperthermia	<b>8 hours:</b> 1000 mg <b>24 hours:</b> 1300 mg	Immediately	
Deferoxamine mesylate	Acute iron poisoning	<b>8 hours:</b> 12 gm <b>24 hours:</b> 36 gm	Within 1 hour	
Diazepam (Valium™) (or other equivalent benzodiazepine)	Seizures, severe agitation, stimulant toxicity	IV: 50 mg		
Digoxin Immune Fab	Digoxin, plants containing cardiac glycosides	<u>Critical Access Hospital:</u> 1-2 vials. <b>8 hours:</b> 15 vial <b>24 hours:</b> 20 vial	Immediately	
Dimercaprol (British Anti-Lewisite; BAL)	Arsenic, Mercury, Lead	<b>8 hours:</b> 600 mg <b>24 hours:</b> 1.5 gm	Within 1 hour	
Diphenhydramine (Benadryl®)	Acute dystonia; histamine receptor blockade	400 mg (8x1 ml, 50 mg/ml)		
Ethanol <b>OR</b> Fomepizole (Antizol®)	Methanol or ethylene glycol poisoning	<u>Critical Access Hospital:</u> Fomepizole 1-2 vials (1.5 gm/vial) <b>8 hours:</b> Ethanol 180 gm or Fomepizole 1.5 gm <b>24 hours:</b> Ethanol 360 gm or Fomepizole 4.5 gm	Within 1 hour	

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Flumazaniil (Romazicon®)	Benzodiazapine toxicity	<b>8 hours:</b> 6 mg <b>24 hours:</b> 12 mg	Immediately	<b>NOT RECOMMENDED FOR OVERDOSE PATIENTS</b>
Folic acid	Methanol	IV: 150 mg		
Fomepizole	See "Ethanol" above			
Glucagon hydrochloride	Beta blocker or calcium channel blockers	<b>8 hours:</b> 90 mg <b>24 hours:</b> 250 mg	Immediately	High Dose Insulin (HDI) frequently used instead of glucagon.
Idarucizumab (Praxbind®)	Dabigatran (Pradaxa®)	5 gm		
Intravenous Lipid Emulsion 20% (Intralipid™)	Local anesthetics; lipophilic cardiotoxic drugs	1000 ml (20%)	Immediately	
L-carnitine	Hyperammonemia from valproic acid	<b>8 hours:</b> 10 gm <b>24 hours:</b> 20 gm	Within 1 hour	
Leucovorin	Methotrexate	IV: 200 mg		
Methylene blue	Methemoglobinemia	<b>8 hours:</b> 300 mg <b>24 hours:</b> 600 mg	Immediately	
Naloxone hydrochloride	Opioid and opiate drugs	<b>8 hours:</b> 20 mg <b>24 hours:</b> 40 mg	Immediately	
Octreotide acetate	Sulfonylurea-induced hypoglycemia	<b>8 hours:</b> 100 mcg <b>24 hours:</b> 250 mcg	Within 1 hour	
Pentetate Calcium Trisodium (Calcium DTPA)  Pentetate Zinc Trisodium (Zinc DTPA)	Radioactive curium, plutonium, and americium	<b>8 hours:</b> 1 gm <b>24 hours:</b> 1 gm  Stocking recommendations are the same for both calcium and zinc forms of DTPA.		Special access through the Strategic National Stockpile (SNS). Contact the Iowa Department of Public Health Duty Officer for assistance.
The Radiation Emergency Assistance/Training Site (REAC/TS) can be contacted for information on use of antidote. (865) 576-3131; After hours: (865) 576-1005.				
Physostigmine salicylate	Anticholinergic syndrome	<b>8 hours:</b> 4 mg <b>24 hours:</b> 10 mg	Immediately	Contraindicated for TCA or similar poisoning with widened QRS interval.
Phytonadione (Vitamin K <sub>1</sub> )	Warfarin, anticoagulant rodenticides	Oral: 50 mg IV: 100 mg	Within 1 hour	
Polyethylene glycol (PEG)	GI decontamination; used for whole bowel irrigation.	10 L		

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Potassium iodide	Radioactive iodine	Tablets available as 65 mg and 130 mg. Stocking should be based on population at risk.	Within 1 hour	Adult dose is 130 mg.
Pralidoxime chloride (2-PAM, Protopam®)	Organophosphate insecticide poisoning	<b>8 hours:</b> 7 gm <b>24 hours:</b> 18 gm	Within 1 hour	
Protamine	Heparin reversal	<u>Critical Access Hospital:</u> 100 mg <b>24 hours:</b> 250-500 mg	Within 1 hour	
Pyridoxine hydrochloride	Isoniazid, hydrazine and derivatives, ethylene glycol	<u>Critical Access Hospital:</u> 5 gm <b>8 hours:</b> 8 gm <b>24 hours:</b> 24 gm	Immediately	
Prussian blue	Thallium, radioactive thallium, radioactive cesium	No standard stocking recommended.		Available through Heyl Pharmaceuticals and distributed via McGuff Compounding Pharmacy Services in Santa Ana, CA. (877) 444-1133
Regular Insulin	Beta-blocker or calcium channel blocker toxicity	<b>8 hours:</b> 1000 units <b>24 hours:</b> 3000 units		
Sodium bicarbonate	Sodium channel blocking drugs; serum and urine alkalization	<b>8 hours:</b> 63 gm (15 vials of 8.4% - 50 mEq/50 mL) <b>24 hours:</b> 84 gm (20 vials of 8.4% - 50 mEq/50 mL)	Immediately	
Sodium thiosulfate	Cyanide	50 gm (4 vials of 25% - 12.5 g/50 mL)		
Succimer / DMSA (Chemet™)	Lead, Mercury, Arsenic	Not recommended to stock for inpatient use.  <b>24 hours:</b> 3000 mg		Hospitalized patients should be treated with versinate (EDTA), with or without dimercaprol (BAL). A procedure should be in place to obtain succimer within 24 hours.
Thiamine	Ethylene glycol toxicity; Wernicke-Korsakoff syndrome	IV: 800 mg		

Compiled from: Ann Emerg Med, 2009, 54(3):386-395 and on-line antidote stocking charts from poison centers serving British Columbia, Ontario, CA, IN, IL, MD, MN, NM.