These Tier B recommendations are general
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Consultation is available by a Specialist in Poison Information or Toxicologist (upon request) 24 hours daily.

Antidote	Toxin	Dosing	Other Info	Current Stock	Recommended Stock
Antivenin Crotalidae Polyvalent Immune FAB (CroFab™)	Snake bite (Copperhead, Water moccasins, Rattlesnakes)	4-6 vials IV q2-4h until pain improves, swelling stops, or clinical bleeding resolves, then 2 vials q6h for 3 doses	Indicated for moderate to severe envenomations Moderate: Evidence of local tissue injury that extends 1 major joint proximal to bite and/or numeric coagulopathy without clinical bleeding Severe: Local injury >1 joint, documented compartment syndrome, coagulopathy with clinical bleeding, hypotension, angioedema, and/or neurological findings		12 vials
Antivenin-black widow	Black Widow envenomation	1 vial in 50 ml of NS	Equine derived antivenom		None (currently must be drop-shipped based on patient presentation – black widows not likely in western KY)
Atropine	Organo-phosphate or carbamate pesticides and muscarine mushrooms	2-4 mg IV q5-10 minutes or 0.02-0.08 mg/kg/hr IV infusion until excessive bronchial secretions terminate	Indicated for SLUDGE symptoms associated with cholinergic excess		5 x 20 ml (0.4 mg/ml) vials

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Calcium chloride/ calcium gluconate	Calcium Cannel Blockers	Calcium chloride 1g IV q 10 minutes or 20-50 mg/kg/hr until response seen (Must have central IV access) Calcium gluconate 60-120 mg/kg/hr IV until response seen (May give by peripheral IV)	Administration of calcium chloride must be by central IV access due to high risk of local tissue damage		Calcium Chloride 10%: 15 x 10 ml vials And Calcium Gluconate 10%: 20 x 10 ml vials
Nithiodote® kit or hydroxocobalamin (Cyanokit®)	Cyanide	Nithiodote®: Sodium nitrate 10 ml over 10 min Sodium thiosulfate 50 ml over 10 min Cyanokit® 5g over 15 minutes with a repeat of 5g if clinically indicated (skin and urine discoloration) for total dose of 10 g	Nithiodote® kit consists of sodium nitrite 300 mg/10 ml, and sodium thiosulfate 12.5 g/ 50 m Cyanokit®: , 5 gram vial of hydroxocobalamin		Nithiodote® Kits: 2 kits Add 3-4 separate vials of sodium thiosulfate 12.5 g Cyanokit®: 2 kits
Dantrolene	Malignant Hyperthermia	1 mg/kg IV to maximum of 10 mg/kg	Check with anesthesia for recs for your hospital based on surgery volume		15 X 20mg vials

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Deferoxamine	Iron	Mild to moderate toxicity: 15 mg/kg/hr IV for 6-12 hours then reassess Severe toxicity: 15 mg/kg/hr IV for 24 hours then 12 hours off 12 hours on reassess	Avoid using deferoxamine >24 hours		12 x 2g vials
Digoxin Immune Fab (DigiBind/DigiFab)	Digoxin	# of vials= (serum dig level x wt) 100	Digoxin level is ng/ml Wt is kg		15 vials
Dimercaprol	Arsenic, lead, mercury	3-5 mg/kg IM q 4-12 hours until symptoms resolve	Product contains peanut oil		1 x 3 ml (100 mg/ml) vials
Edetate Calcium Disodium (EDTA)	Lead	50-75 mg/kg/24hr IM or IV in 3-6 divided doses x 5 days	May repeat dosing regimen after 2-day hiatus		Not Recommended in this setting
Oral Ethanol (vodka)	Ethylene glycol/ methanol	See separate dosing info	Goal blood ethanol level is 100-150 mg/ dl		Not necessary if stocking adequate fomepizole – see additional dosing info
Glucagon	Calcium Channel and Beta Blockers	5-10 mg IV bolus then 2-10 mg/hr IV infusion	Only patients responding to initial dose should be maintained on continuous infusion. Patients should be observed for vomiting.		70 X 1 mg vials

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Flumazenil	Benzo-diazepines	Reversal of sedation: 0.2 mg IV over 15 seconds repeated every minute up to 1 mg Overdose: 0.2 mg IV over 30 seconds; if desired consciousness not obtained, 0.3 mg over 30 seconds. 0.5 mg over 30 seconds may be repeated every minute up to total dose of 3-5 mg	If no response after 5 minutes and 5 mg cumulative dose benzodiazepine sedation unlikely Contraindicated if TCA co-ingested and if chronic benzodiazepine use **Contact PCC for Consult**		2 x 10 ml (0.1 mg/ml) vials (not usually recommended)
Fomepizole	Ethylene glycol	Initial dose: 15 mg/kg then 4 doses of 10 mg/kg then 15 mg/kg every 12 hours until ethylene glycol/methanol level < 25mg/dl	Dosing interval should be adjusted during hemodialysis-**Contact PCC for Consult**		2 x 1.5 ml (1 g/ml) vials Currently not available wholesale – might be drop-shipped by manufacturer – see additional information
Methylene blue	Oxidizers (Methemo-globinemia)	1-2 mg/kg IV over 5 minutes; may repeat up to a total dose of 7 mg/kg	Contraindicated: known G6PD deficiency Methylene blue interferes with pulse oximetry		2 x 10 ml (1%) vials

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Antidote	Toxin	Dosing	Other Info	Current Stock	Recommended Stock
N-acetylcysteine	APAP	Oral Dosing LD: 140 mg/kg MD: 70 mg/kg q4h IV Dosing Load:150mg/kg over 1 hour then 50 mg/kg over 4 hours, followed by 100 mg/kg over 16 hours	4-hr APAP level used for nomogram; level prior to 4-hr not useful Treatment should continue for 24 hours or until patient is asymptomatic with declining AST and ALT, INR<2, and APAP level<10; whichever is greater		12 vials x 30 ml 20% vials
Naloxone	α-2 agonists (clonidine), Opiates	0.4-2 mg/dose IV, SC or IM	Naloxone may improve mental status of the patient but will not prevent cardiotoxicity for α-2 agonists Long acting agents may require infusion of 2/3 initial dose/hr Use lower doses in opioid dependent patients with minimal respiratory and/or CNS depression		20 x 1ml (1mg/ml) vials
Octreotide	Sulfonylurea induced hypoglycemia	75 mcg SC q6h	Therapy should only be used after dextrose is given **Contact PCC for Consult**		2 x 1 ml (50 mcg/ml) ampoules
Physostigmine	Anti-cholinergics	1-2 mg over 5 minutes	Contraindications: Cardiac conduction delays, pt with seizure risk, and TCA toxicity **Contact PCC for Consult**		2 x 2 ml (1 mg/ml) vials

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Antidote	Toxin	Dosing	Other Info	Current Stock	Recommended Stock
Pralidoxime (2-PAM)	Organo-phosphates or anticholin-esterase medications	1-2 g then 500 mg/hr	Indicated for respiratory insufficiency or muscle paralysis		4 x 1 g vials
Pyridoxine	Isoniazid	1g IV per gram of INH ingested or 5 g IV if unknown amount repeat prn	Dose is grams not mg; 1g dose is 10 vials, 5g dose is 50 vials		Minimum 50 x 1 ml (100mg/ml) vials
Sodium bicarbonate	Cyclic antidepres-sants, olanzapine, and venlafaxine	1-2 mEq/kg IV bolus prn QRS interval > 0.14 sec	、		20 x 50 ml (1 mEq/ml) vials
Succimer (Chemet®)	Lead	10 mg/kg/dose q8h x 5 days followed by 10 mg/kg/dose q12h x 14 days	Transient LFT abnormalities may occur during treatment		Unlikely to need in your setting

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Decontamination

Single Dose Activated Charcoal (AC):

- Oral administration or instillation by nasogastric tube of an aqueous preparation of activated charcoal
- Dose
  - 0.5 - 1g/kg as a single dose
- Indications
  - Ingestion of toxin known to be absorbed by charcoal
  - Ingestion occurring within 1 hour prior to administration of activated charcoal (some exceptions exist)
- Contraindications/cautions
  - Unprotected airway (depressed state of consciousness without endotracheal intubation)
  - Use increases risk and severity of aspiration
  - Risk of hemorrhage or GI perforation due to pathology, recent surgery or medical conditions
  - Ingestion of a corrosive substance in which use of activated charcoal will interfere with potential endoscopy
- Preparation
  - If to be taken orally, consider mixing with something palatable like soda or juice

Multi-Dose Activated Charcoal (MDAC)

- Repeated administration of 2 or more doses of activated charcoal to enhance the elimination of toxins already absorbed in the body
- Dose
  - Initial load of single dose AC (0.5 -1g/kg)
  - 0.25 – 0.5 g/kg in subsequent doses
- Possible Indication
  - A life threatening amount of salicylate, valproic acid, phenytoin, carbamazepine, dapsone, phenobarbital, quinine, or theophylline
- Contraindications
  - Unprotected airway
  - Presence of intestinal obstruction
  - GI tract that is not anatomically intact
  - Decreased peristalsis (relative contraindication)
- Bowel sounds should be checked prior to each dose

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Cathartics

- Not generally recommended for stock
- One dose of sorbitol may considered with first dose of AC but not used with multiple doses as this has caused severe electrolyte abnormalities (especially in pediatric cases)

Ipecac Syrup

- Not Recommended for Stock

Urine Alkalinization

- Use of intravenous sodium bicarbonate to increases the pH of the urine (goal ≥ 7.5) and enhance elimination of toxin (usually a weak acid)
- Caution: requires careful monitoring of serum pH and electrolytes. It is highly recommended KRPCC be consulted prior to use.
- Procedure
    - Prior to starting an infusion, provide a sodium bicarbonate bolus (1 mEq/kg) slowly over 15 minutes.
    - Prepare an infusion by compounding 150 mEq sodium bicarbonate with 40 mEq of KCl in 850 mL of D5W.
    - Administer infusion at 3-4 ml/kg/hr with a goal urine output of 2 ml/kg/hr.
- Indication
    - First line treatment for salicylate toxicity in patients that are symptomatic or have a salicylate level > 40 mg/dl
    - Monitor lungs in between each liter as patients with salicylate toxicity are at greater risk of pulmonary edema if they smoke, are elderly, or decreased lung function due to COPD.
- Contraindication
    - Established or incipient renal failure
    - Existing heart disease (relative contraindication)

Whole Bowel Irrigation

- Administration of large volumes of PEG-ES by nasogastric tube at rapid rates at least until the rectal effluent takes on the physical appearance of the infusate
- Dose
    - 1500-2000 ml/hr until rectal effluent is clear; duration may be extended based on corroborative evidence
    - Many patients may not tolerate doses > then 750 ml/hr without vomiting – use cautiously if the patient is at risk for aspiration.

- Not for routine use; may have potential benefit in a limited number of toxic ingestions

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- Possible Indications
  - Potentially toxic ingestion of sustained release or enteric coated drugs
  - Substantial iron or lithium ingestion due to lack of other options for gastric decontamination
  - Removal of ingested packets of illicit drugs (refers to packets created by professional smugglers and not “baggies” consumed while evading law enforcement)

- Contraindications
  - Bowel perforation or obstruction
  - Clinically significant GI hemorrhage
  - Ileus
  - Unprotected or compromised airway
  - Hemodynamic instability
  - Uncontrollable/intractable vomiting

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Antivenin *Crotalidae* Polyvalent Immune FAB Ovine (CroFab™)

- Recommendation sufficient for complete of one confirmed rattlesnake bite
- If necessary, this would allow time for attainment of more vials
- Wyeth's brand of antivenin Crotalidae is no longer available and is not recommended

Antivenom-Black Widow

- Recommendation sufficient for therapy for 1 patient
- If necessary, minimum level can be reduced to zero and the dose be kept at a central location within the *hospital system* to reduce cost, as the antidote may not be necessary within 3 hours of bite

Calcium Chloride and Calcium Gluconate

- It is recommended to carry sufficient quantities of both if central access is not available for preferred calcium chloride
- Calcium gluconate is the more versatile agent
- Recommended dose sufficient to start therapy with either agent

Sodium Dithionate Antidote Kit (Cyanide)

- It is recommended to add 3-4 vials of sodium thiosulfate, which is inexpensive, safe, and can be given before a definitive diagnosis is made

Cyanokit®

- Stocking two kits would be enough to treat two patients
- Cannot be run in the same line as sodium thiosulfate due to precipitation, but giving both at the same time may show synergistic effect

Dantrolene

- Use of dantrolene is not currently recommended for poisoning patients, but is limited to indication of malignant hyperthermia

Deferoxamine

- Recommendation sufficient to treat 1 patient for 12 hours with mild to moderate toxicity
- If necessary, treatment can be started with current stock and patient transferred to another facility or additional antidote obtained

Digoxin Immune Fab (DigiBind/DigiFab)

- Recommendation is for empiric treatment of two adults
- It is realized that empiric therapy in adult will not likely exceed 10 vials, and most chronic therapy is 3 vials or less

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Dimercaprol

- Stock level sufficient to initiate treatment in a patient that allows time to obtain more product

Calcium Disodium EDTA

- Not Recommended in your setting

EtOH

- Due to sufficient supply of fomepizole, not necessary to stock for EG/methanol poisoning
- Fomepizole is preferred agent as it is effective and requires less monitoring than EtOH
- Not Recommended

Glucagon

- Stock a sufficient amount to initiate treatment; then obtain more antidote

Flumazenil

- Generally not recommended

Fomepizole

- Recommendation sufficient load a patient; another dose isn't needed for 12 hours unless patient is hemodialyzed

N-acetylcysteine

- Recommendation sufficient to load and treat for 8 hours using either route

Octreotide

- Dosing generally ranges between 50-75 mcg SQ every 4-6 hours when needed for sulfonylurea overdose
- In many cases, more than two doses has not been necessary

Physostigmine

- **Contact PCC for Consult**

Pralidoxime (2-PAM)

- Recommendation is for agriculture exposure to maintain a continuous infusion if needed until more can be obtained – this does not take into account the Strategic National Stock Pile which would be deployed if a warfare agent was suspected

Succimer (Chemet®)

- Should not need in your setting