



## Ontario Poison Centre

### Guidelines for Stocking of Emergency Antidotes

The following is a guideline for the stocking of recommended antidotes in acute care settings. The initial dose is the amount needed to treat an average 70 kg patient in the first four hours. The amount of antidote stocked in any setting needs to be determined using variables including patient population and exposures frequently treated. The anticipation of further dosing after the initial dose also needs to be considered.

It is important to remember that toxicology is a practice based largely on retrospective case studies. It is important to note that the use of antidotes use will change as medical practice evolves and the knowledge around toxicology and antidotes expands.

ANTIDOTE NAME	POISONING INDICATIONS	INITIAL DOSE (70 kg patient)
Acetylcysteine (Mucomyst ®)	Acetaminophen	16 g
CroFab™	Crotalid snakes (selected hospitals only)	12 vials
Atropine sulfate	Carbamate and organophosphate insecticides	75 mg
Calcium chloride	Calcium channel blockers	5 g
Calcium gluconate	Calcium channel blockers	15 g
Cyanide kit	Cyanide	1 kit
Deferoxamine mesylate	Iron	4.2 g
Digoxin immune Fab (Digibind ®)	Digoxin, and other cardiac glycosides	20 vials
Dimercaprol (BAL)	Acute arsenic, inorganic mercury, and lead (with encephalopathy)	280 mg
Ethanol (absolute ethanol 100%)	Methanol, Ethylene glycol	98 g (given IV as a 10% solution)
Fomepizole (Antizol ®)	Methanol, Ethylene glycol	1.05 g
Glucagon	Beta blockers	50 mg
Methylene blue	Methemoglobinemia	140 mg
Naloxone (Narcan ®)	Acute opioid poisoning	15 mg
Octreotide (Sandostatin ®)	Sulfonylureas and related drugs	70 micrograms
Pralidoxime	Organophosphate insecticides	5 g
Pyridoxine	Isoniazid (INH)	10 g
Sodium bicarbonate	Tricyclic antidepressants, Cocaine, and Salicylates	500 mEq

Note.

Modified from Dart, R. C., Goldfrank, L. R., Chyka, P. A., Lotzer, D., Woolf, A. D. McNally, J., et al. (2000). Combined evidence-based literature analysis and consensus guidelines for stocking of emergency antidotes in the United States. *Annals of Emergency Medicine*, 36(2), 126-32.