

Antidote	Indications	Dose*	Comments
<b>N-acetylcysteine</b>	Acetaminophen	150 mg/kg over an hr 50 mg/kg over 4 hrs 100 mg /kg over 16 hrs	Anaphylactoid reaction if given too fast
<b>Atrophine</b>	Organic phosphorus compounds Carbamates	2-4 mg IV, can double every 5 mins (resolution of bronchorrhea)	Anticholinergic poisoning
<b>Carnitine</b>	Valproic acid	100 mg/kg (max 6 g), 15 mg/kg every 4 hrs	Well-tolerated
<b>Cyanide antidote kit</b> Amyl Nitrite Sodium Nitrite Sodium Thiosulfate	Cyanide	1-2 ampules 300 mg IV 12.5 gm IV	Nitrites induces methemoglobin, avoid with suspected CO
<b>Dantrolene</b>	Malignant hyperthermia	2-3 mg/kg IV bolus Repeat every 15 min up to total dose of 10 mg/kg	Well-tolerated
<b>Deferoxamine</b>	Iron	15 mg/kg/h (limit to less then 24 hr infusion)	Hypotension (rate-related) ALI (> 24-hours) Infection
<b>Dimercaprol</b>	Lead *Arsenic and mercury (dosing differs from one used for lead)	75 mg/m <sup>2</sup> IM every 4 hr for 5 days, the first dose of dimercaprol should precede the first dose of CaNa <sub>2</sub> EDTA by 4 hr for lead	Peanut allergy
<b>Digoxin antibodies</b>	Cardioactive steroids	Amount of vials varies on clinical scenario (i.e. acute versus chronic)	Well-tolerated
<b>Edetate calcium disodium</b>	Lead	1500 mg/m <sup>2</sup> /d continuous IV infusion	Related to release of lead
<b>Folinic acid</b>	Methotrexate	100 mg/m <sup>2</sup> every 3 hours	Possible anaphylactoid reaction
<b>Fomepizole</b>	Methanol Ethylene glycol	15 mg/kg IV, next 4 doses 10 mg/kg every 12 hrs, then 15 mg/kg every 12 hrs if needed	Well-tolerated
<b>Flumazenil</b>	Benzodiazepine	Up to 1 mg IV	Special caution in use, especially in chronic users or mixed ingestions
<b>Glucagon</b>	Beta-blockers and calcium channel blockers	2-5 mg IV bolus followed by 2-10 mg/hr IV	Nausea, hypotension, hypoglycemia
<b>Hydroxocobalamin</b>	Cyanide	70 mg/kg IV (max 5 gm)	Allergic reaction, red discoloration
<b>Methylene blue</b>	Methemoglobinemia	1-2 mg/kg IV	Well-tolerated
<b>Naloxone</b>	Opioids	Typically start low such as 0.05 or 0.4 mg IV	Opioid withdrawal if too much given
<b>Octreotide</b>	Sulfonyurea	50 ug IV/SQ every 6 hrs	Well-tolerated
<b>Physostigmine</b>	Anticholinergic syndrome	1-2 mg IV	Avoid in any TCA overdose or QRS prolongation
<b>Protamine</b>	Heparin	1 mg for every 100 units	Allergic reaction
<b>Prussian blue</b>	Thallium/Cesium	Total dose of 150-250 mg/kg/d PO in 2-4 divided doses	Dissolve in mannitol
<b>Pralidoxime</b>	Organic phosphorus compounds Carbamates	1-2 gm IV followed by 500 mg/hr infusion	Well-tolerated
<b>Pyridoxine</b>	Isoniazid, OD up to 5 gms	Gram for gram in INH	Well-tolerated
<b>Succimer</b>	Lead	10 mg/kg PO every 8 hrs for 5 days followed by every 12 hrs for 14 days	Well-tolerated

\*Dosing is for only for adults. For more detailed use, please refer to a major textbook or call your regional poison center. Important to note there may be variation in dosing depending on the situation or textbook used.

Antidote	Indication	Should Be Stocked
Acetylcysteine	Acetaminophen	Yes
Antivenin (Crotalidae) polyvalent, Wyeth, OR	North American crotaline snake envenomation	Yes
Crotalidae Polyvalent Immune Fab, ovine[‡]	North American crotaline snake envenomation	Yes
Antivenin ( <i>Latrodectus mactans</i> )	Black widow spider envenomation	Yes
Antivenin ( <i>Micrurus fulvius</i> )	Eastern and Texas coral snake envenomation	Yes
Atropine sulfate	Organophosphorus and N-methyl carbamate insecticides	Yes
Botulism antitoxin, equine (A, B)	Botulism	No
Botulism immune globulin (BabyBIG)	Infant botulism	No
Calcium chloride[§]	Fluoride, calcium channel blocking agent	Yes
Calcium gluconate[§]		Yes
Calcium disodium EDTA	Lead	Yes
Calcium trisodium pentetate (Calcium DTPA)	Internal contamination with plutonium, americium, or curium	Yes
Cyanide Antidote Kit OR Hydroxocobalamin hydrochloride[‡]	Cyanide poisoning	Yes
Deferoxamine mesylate	Acute iron poisoning	Yes
Digoxin Immune Fab	Cardiac glycosides/steroid toxicity	Yes
Dimercaprol	Heavy metal toxicity (arsenic, mercury, lead)	Yes
Ethanol[§] OR Fomepizole[‡]	Methanol, or ethylene glycol poisoning	Yes
Flumazenil	Benzodiazepine toxicity	Yes
Glucagon hydrochloride[§]	β-Blocker, calcium channel blocker	Yes
Methylene blue	Methemoglobinemia	Yes
Naloxone hydrochloride	Opioid and opiate drugs	Yes

Octreotide acetate[§]	Sulfonylurea-induced hypoglycemia	Yes
Physostigmine salicylate	Anticholinergic syndrome	Yes
Potassium iodide	Thyroid radioiodine protection	Yes
Pralidoxime chloride	Organophosphorus insecticide poisoning	Yes
Pyridoxine hydrochloride	Isoniazid, hydrazine and derivatives	Yes
Prussian blue	Thallium/radiocesium	NC
Sodium bicarbonate[§]	Sodium channel blocking drugs, urine or serum alkalization	Yes