ANTIDOTE STOCKING GUIDELINES FOR B.C. HOSPITALS BC Drug & Poison Information Centre: Updated Aug 2, 2024

Therapeutic Agent	Treatment of Poisoning by:	Unit size	Regional and Main Depot	Local Hospital	Treatment Centre	**Notes: Quantities are based on an 80 kg patient. Larger amounts may be required, according to case volume and/or time to transfer patient out (or get more antidotes in). A "Treatment Centre" is a HCF which provides emergency care, but lacks inpatient beds.**
Acetylcysteine Inj	Acetaminophen	2 g/10 mL vials	32	16	10	Large acetaminophen overdoses requiring higher acetylcysteine doses and longer treatment courses are becoming more common.
Activated Charcoal *without* sorbitol	Toxins which are bound by charcoal	50 g/225 mL bottle	8	3	3	
Atropine sulfate Inj	Organophosphate & Carbamate insecticides	0.6 mg/mL amp	150	50	50	High doses may be required for organophosphate poisonings.
Black widow spider antivenin Inj (*SAP)	Black Widow Envenomation	1 vial (2.5 mL)	1	0	0	Manufacturer keeps supply in Montreal
Calcium Chloride Inj	Calcium Channel blockers	1 g/10 mL vial	20	10	10	Central line preferred for IV administration. Cannot be used topically.
Calcium Gluconate Inj	Hydrofluoric acid burns (topical, SC); Calcium Channel blockers	1 g/10 mL vial	20	10	10	Recommend stocking both calcium gluconate and calcium chloride. If only stocking one agent, choose calcium gluconate. Gluconate preferred for topical use or SC infiltration in hydrofluoric acid burns. Calcium chloride can only be given via central line. If only have peripheral line, use calcium gluconate. Note: chloride salt provides 3x more calcium per gram than gluconate salt.
Crotalidae Polyvalent Fab Antivenin Inj (*SAP)	Rattlesnake (Crotalidae) Envenomation	1 vial	12 to 24	12	0	For HCF fulfilling any one of the following criteria: **A)** located in region where rattlesnakes are indigenous [southern and central interior BC]; **B)** catchment area includes a known population of captive rattlesnakes (e.g. aquarium, nature park, academic institution); **C)** 3º HCF which may receive snake bite victims transferred from other regions.
Deferoxamine Inj	Iron	500 mg/vial	30	15	10	
Digoxin Immune Fab Inj	Digoxin/Digitalis glycosides	40 mg/vial	10	5	0	Recommended at all HCF able to measure serum digoxin levels. Optional for HCF *without* on-site digoxin levels *if* use is *infrequent AND* a supply can be obtained from a neighbouring HCF within ~1 hour.
Dimercaptopropane sulfonate (DMPS) Inj (*SAP). For Future Use	Lead, Mercury, Arsenic	250 mg/5 mL vial	10	0	0	Distribute so that DMPS can be administered within 6 hours, assuming that the most rapid form of emergency transport will be used to transport either the patient or the drug. One depot required at/near pediatric specialty hospital.

Flumazenil Inj	Benzodiazepines (Iatrogenic)	0.5 mg/5 mL vial	10	5	5	Rarely indicated. May be used to prevent the need for intubation in patients, or for management of paradoxical excitation. Caution: may unmask seizures or precipitate withdrawal.
Folic Acid Inj	Methanol	50 mg/10mL vial	8	4	2	Folic acid *cannot* be used in the management of methotrexate toxicity. *See Leucovorin.*
Fomepizole Inj	Methanol, Ethylene glycol	1500 mg/vial	4	2	1 to 2	Remote HCF that are prone to transportation delays require 2 vials.
Hydroxocobalamin (Cyanokit®) Inj	Cyanide, Acetonitrile	5 g/vial	2	1	1	Consider for victims of smoke inhalation not responding to oxygen.
Leucovorin Inj	Methotrexate, Methanol	50 mg/5 mL vial	8	2	1	Leucovorin must be used for methotrexate toxicity; folic acid is not useful. Either leucovorin or folic acid can be used in treatment of methanol poisoning.
Lipid Emulsion	Local anesthetics, other cardiotoxic medications	2 x 250 mL or 500 mL	1	1	0	Not routinely used. Reserved for cardiotoxicity not responding to standard rescucitation guidelines.
Methylene blue Inj	Methemoglobinemia; Amlodipine hypotension refractory to other therapies	50 mg/5 mL amp	10	5	3	Common causes of methemoglobinemia: nitrites, dapsone, local anesthetics, phenazopyridine. May be considered for hypotension from amlodipine not responding to other therapies.
Naloxone Inj	Opioids	0.4 mg/1 mL amp, OR 2 mg/2 mL vial	at least 40 mg	at least 40 mg	at least 40 mg	High doses and prolonged therapy may be required for potent opioids.
Octreotide Inj	Insulin-releasing antidiabetic agents; hypoglycemia from quinine or certain psychotropics (e.g. venlafaxine)	100 µg/1 mL amp	10	3	3	Adjunctive treatment for hypoglycemia caused by insulin secretagogues (sulfonylureas, repaglinide); quinine, and some psychotropic agents (e.g. venlafaxine)
PEG Solution	Iron, some SR preparations, some metals	4 L jug	6	2	2	Larger quantity for remote sites at risk for delayed transfer.
Pralidoxime Inj (*SAP)	Anticholinesterases, organophosphate insecticides	1 g/vial	24	6	0	
Protamine Sulfate Inj	Heparin	50 mg/5 mL vial	10	2	2	
Pyridoxine Inj	High dose Isoniazid (seizures); MMH (monomethylhydrazine) mushrooms; cofactor for ethylene glycol toxicity	3 g/ 30 mL vial	7	2	2	
Vitamin K1 Inj	Warfarin, anticoagulant rodenticides	10mg/1mL amp	20	10	10	

Optional Treatments: Choice to stock depends on local needs and level of care (e.g. tertiary or regional)						
Cyproheptadine	Serotonin syndrome	4 mg tab				Adjunctive treatment of serotonin syndrome may be considered. May be recommended by toxicologists for serotonin syndrome. *BDZ remain primary treatment option*. May be considered at 3º and 2º HCF Dose can be up to 32 mg/day.
Dantrolene Inj	Malignant hyperthermia secondary to anesthetic	20 mg/vial				Primarily used for anesthetic-induced malignant hyperthermia, rarely used for poisoning. Required by all HCF using inhalation anesthetics.
Dimercaptopropane sulfonate (DMPS) **capsules** (*SAP)	Lead, mercury, arsenic	100 mg/cap				Alternate oral chelator for lead poisoning; also arsenic and mercury poisoning if patient is able to take oral medication.
Glucagon Inj	Beta blockers	1 mg/vial	10-see note	10-see note	0	*Stocking is not mandatory*. If stocking is desired, use glucagon temporarily while initiating other therapies for inotropic support (e.g.vasopressors, high dose insulin).
Glucarpidase (*SAP)	Methotrexate (MTX)	1000 units/vial				Leucovorin is appropriate for most MTX overdoses or errors. Consider glucarpidase at cancer centres. Dose is 50 units/kg.
Idarucizumab	Dabigatran bleeding reversal	2.5 g/50 mL				Reversal for emergency surgery/urgent procedures or in life-treatening or uncontrolled bleeding in patients taking dabigatran. Consider at regional or tertiary hospitals. Dose is 5 g (2 vials).
L-Carnitine	Hyperammonemia or coma from valproic acid toxicity	1 g/5 mLinjection				Recommended dosing: 100 mg/kg (max. 6 g) load, followed by 15 mg/kg every 4 hours until ammonia levels decrease and clinical improvement. Max daily dose 12 g.
Penicillamine	Copper, Lead, Arsenic	250 mg caps				Limited use as a chelating agent. Can usually be obtained as needed.
Potassium Iodide	Radioactive Iodine-131	various (32.5, 65, 130 mg)				For thyroid protection following exposure to radioactive iodine 131. Solid oral forms licensed in Canada are classed as Natural Health Products. Potassium iodide can also be obtained from Lugol's solution or capsules may be compounded using potassium iodide crystals.
Sodium nitrite Inj	Hydrogen sulfide, Cyanide	300 mg/10 mL vial				Rarely used. Adjunct treatment for hydrogen sulfide toxicity, in addition to supportive care. May be kept at sites near a hydrogen sulfide generating industry (e.g. oil/gas, mining, sewage treatment). May be used with sodium thiosulfate for cyanide poisoning if hydroxocobalamin unavailable. Available through McKesson.

Sodium thiosulfate Inj	Cyanide, Acetonitrile	12.5 g/50 mL vial				Rarely used. May be used alone (with oxygen and supportive care), or with sodium nitrite for cyanide poisoning if hydroxocobalamin unavailable.
Succimer (*SAP)	chelating agent for lead, mercury, arsenic	100 mg cap				Drug of choice for oral treatment of lead poisoning. Order through SAP if needed.

*SAP = Special Access Programme (Health Canada)