

ANTIDOTE STOCKING GUIDELINES FOR B.C. HOSPITALS BC Drug & Poison Information Centre: Updated Feb 2013

	Therapeutic Agent	Treatment of Poisoning by:	Product Information		Minimum # units for each HCF category*					Needs Assessment for Health Care Facilities (HCF)
			Unit size	Package Min Order	Main Depot	Local Depot	Hospital ≤ 1 hr from Depot	Hospital > 1 hr from Depot	Treatment Centre	
Antidotes for immediate emergency room access	Activated Charcoal <i>without sorbitol</i>	toxins which are bound by charcoal	50 g/250 mL bottle	1 bottle	8	6	3	3	3	* Minimum # of units to treat ONE 70 kg patient. Greater than one patient supply may be required, according to case volume. A "Treatment Centre" is a HCF which provides emergency care, but lacks inpatient beds.
	Acetylcysteine Inj	acetaminophen	2g/10 mL vials	1 vial	20	20	15	15	10	Most HCF require inventory for 2 or more patients; a 1 patient supply is sufficient for most treatment centres.
	Atropine sulfate Inj	organophosphate & carbamate insecticides	0.6mg/mL amp	10 /box	150	150	50	150	50	High doses may be required for organophosphate poisonings: 150 amps (90 mg) may be required to treat a 70 kg victim of organophosphate poisoning for approximately 8 hours.
	Calcium Gluconate Inj	HF acid burns (topical, SC)	1g/10mL vial	25 /box	10	10	10	10	10	Stocking both calcium salts is recommended. Chloride salt preferred for calcium channel blocker OD, gluconate preferred for topical use or SC infiltration in hydrofluoric acid burns. Note: chloride provides 3x more calcium per gram than gluconate salt
	Calcium Chloride Inj	calcium channel blockers	1g/10mL PFS	1 PFS	20	20	10	10	10	
	Digoxin Immune Fab Inj	digoxin/digitalis glycosides	40mg/vial	1 vial	10	10	5	5	0	Recommended at all HCF able to measure serum digoxin levels. Optional for HCF <i>without</i> on-site digoxin levels if use is infrequent AND a supply can be obtained from a neighbouring HCF within ~1 hour
	Ethyl Alcohol Inj 99-100% or oral equivalent	methanol, ethylene glycol (DIN 00394394)	10 mL amp	5/ box	60	30	12	18	18	Minimum 1 patient supply of IV /po ethanol recommended IN ADDITION TO fomepizole (Rationale: back up antidote in the event of multiple poisoning).
	Fomepizole Inj	methanol, ethylene glycol	1500 mg/ vial	4 vials	4	2	1	1-2	1	Preferred antidote for toxic alcohol poisoning. Remote HCF prone to transportation delays require 2 vials. Most HCF also require ethanol as a back up antidote.
	Flumazenil Inj	benzodiazepines	0.5 mg /5 mL vial	10/ box	10	10	5	10	5	Rarely indicated. May be used to prevent the need for intubation in patients, or for management of paradoxical excitation.
	Glucagon Inj	calcium channel blocker, beta-blocker	1mg/vial	1 vial	60	40	15	20	0	Newer therapies (e.g. insulin/ glucose) for calcium channel blocker overdose do NOT eliminate the need to stock glucagon.
	Hydroxocobalamin (Cyanokit) Inj	cyanide, acetone/nitrite	2 x 2.5 g vials	1 kit	2	1	1	1	1	Should be considered for victims of smoke inhalation.
	Methylene blue Inj	methemoglobinemia	50 mg/5 mL amp	10/box	10	10	5	5	3	Common causes of methemoglobinemia: nitrites, dapson, local anesthetics, phenazopyridine
	Naloxone Inj	opiates, opioids	0.4mg /1mL amp	10/ box	50	50	20	30	20	Most HCF require inventory for 2 or more patients.
	Pyridoxine Inj	high dose isoniazid (seizures)	3 g/ 30 mL vial	1 vial	5	4	2	2	2	
Antidotes available within 1 hour	Black widow spider antivenin Inj	.	1 vial (2.5 mL)	1 vial	2	1	0	0	0	SPECIAL ACCESS PROGRAMME Manufacturer keeps a supply in Montreal.
	Crotalidae Polyvalent Fab Antivenin Inj	rattlesnake (Crotalidae) envenomation	1 vial	2 vials /box	24	12	6	12	0	SPECIAL ACCESS PROGRAMME (US supplier) HCF fulfilling any one of the following criteria A) Located in region where rattlesnakes are indigenous [In BC, southern and central interior, map available from DPIC] B) Catchment area includes a known population of captive rattlesnakes (e.g. aquarium, nature park, academic institution) C) 3 rd HCF which may receive snake bite victims transferred from other regions
	Deferoxamine Inj	iron	500mg /vial	10 /box	30	20	10	15	10	
	Dimercaprol (BAL) Inj	lead, mercury, arsenic	300 mg/ 3 mL amp	10/box	10	0	0	0	0	Distribute depots such that the chelating agent could 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.
	Folic Acid Inj	methanol	50mg/ 10mL vial	1 vial	8	8	4	6	2	Folic acid <i>cannot</i> be substituted for leucovorin in management of methotrexate exposure. BOTH forms of folate are recommended.
	Leucovorin Inj	methotrexate, methanol	50mg /5mL vial	1 vial	2	1	1	1	1	
	Octreotide Inj	sulfonylurea (hypoglycemia)	100 µg/ 1mL amp	5/ box	10	6	3	3	3	
	PEG Solution	iron, some SR preparations, some metals	4 L /jug	6/ case	6	6	2	3	2	Larger quantity for remote sites at risk for delayed transfer.
	Pralidoxime Inj	organophosphate insecticides	1g/vial	6/box	24	12-24	3	6	0	SPECIAL ACCESS PROGRAMME (US supplier)
	Protamine Sulfate Inj	heparin	50mg /5mL vial	10/ box	10	5	2	3	2	
Vitamin K1 Inj	warfarin, rodenticides	10mg/ 1mL amp	10/ box	20	20	10	10	10		
Specialty/ Optional	Calcium disodium EDTA Inj	lead, zinc	10 mL amp (50 mg/mL)	10/box	Used parenterally for lead poisoning. Adult dose is 2-4 G IV daily for 5 days.			SPECIAL ACCESS PROGRAMME (Laboratoire Serb in France) Rarely used. Alternatives include dimercaprol and succimer.		
	Cyproheptadine	serotonin syndrome	4 mg tab	100 tab/ bottle	Adjunctive treatment of serotonin syndrome ; limited evidence supporting effectiveness.			May be recommended by toxicologists for severe serotonin syndrome. Other treatment options available. May be considered at 2 nd HCF.		
	Dantrolene Inj	malignant hyperthermia secondary to anesthetic	20mg/vial	6/box	Primarily used for anesthetic-induced malignant hyperthermia; rarely used for poisoning			Required by all HCF using inhalation anesthetics.		
	Penicillamine	copper, lead, arsenic	250mg caps	100 cap/bottle	Limited use as a chelating agent			Can usually be purchased on an as needed basis.		
	Potassium iodide	radioactive iodine	various		May be used for thyroid protection following exposure to radioactive iodine.			Various dosage forms available over the counter from US Manufacturers (e.g. Thyrosafe, Isosat®, Thyroshield®). Potassium iodide can also be obtained from Lugo's solution or capsules may be compounded using potassium iodide crystals.		
	Sodium nitrite Inj	hydrogen sulfide	300 mg/ 10mL vial	2 vials /box	Adjunct to supportive care for hydrogen sulfide poisoning; limited evidence supporting effectiveness			SPECIAL ACCESS PROGRAMME (US supplier) May be kept at sites close to a hydrogen sulfide generating industry (e.g. oil and gas, mining, sewage treatment).		
	Succimer	chelating agent for lead, mercury, arsenic	100 mg cap	100 cap/ bottle				SPECIAL ACCESS PROGRAMME (US supplier) Canadian distributor is Accuristix.		