

Our Lady of the Lake Regional Medical Center Antidote Stocking Guidelines

Antidote	Indication	Formulation	Minimum Stock Quantity*	Recommended Location	Information
Acetylcysteine (Acetadote®)	Acetaminophen overdose	IV: 200 mg/mL (6 g/30 mL)	6 vials	Main Pharmacy	Initial dose 150mg/kg in 200 mL of 5% dextrose through slow IV injection over 1 hour. Initial dose should be followed by 50mg/kg in 500 mL of 5% dextrose over 4 hours then 100mg/kg in 1000 mL of 5% dextrose over 16 hours.
Antivenin, Crotalidae Polyvalent (CroFab®)	Rattlesnake, cotton mouth, copperhead, water moccasin bite	IV: 1 g/vial	12 vials for 8 hours 18 vials for 24 hours	Main Pharmacy	Administration within 6 hours of bite. Caution in patients allergic to papain or bromelain. Initial dose 4-6 vials depending on severity
Antivenin, Lactrodectus Mactans	Black Widow Spider bite				Contact Merck 1-800-637-2579 to order limited quantity
Atropine	Organophosphate, carbamate, insecticide	IV: 1 mg/10 mL	17 syringes	ED Pyxis	Initial dose 1 to 6 mg depending on severity of poisoning. Repeat every 3-5 minutes as needed Caution in patients with narrow-angle glaucoma, CV disease, pregnancy
Benztropine	Acute dystonic reactions	IV: 2 mg/2 mL	3 vials/ ampules	ED Pyxis	Initial dose 1 to 2 mg followed by 1 to 2 mg orally daily Max daily dose: 6 mg
Botulinum Antitoxin	Botulism				Contact the CDC for procurement
Bromocriptine	Neuroleptic malignant syndrome/levodopa withdrawal	PO: 2.5 mg	15 tablets	Main Pharmacy	Initial Dose 2.5 mg every 8-12 hours, up to a maximum of 45 mg daily. Continue until NMS controlled and taper Causes excessive dopamine blockade. May worsen serotonin syndrome
Charcoal, activated	Various toxins	PO: 50 g/240 mL	3 bottles	ED Pyxis	Only recommended if toxin was ingested within the last 2 hours

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Calcium Chloride and Calcium Gluconate	Hydrofluoric acid, calcium channel blocker	IV: 1 g/10 mL	CaCl: 10 syringes Ca Glu: 30 syringes	ED Pyxis	Dosing depends on degree of toxicity Chloride salt provides 3x more calcium than gluconate salt. Calcium chloride should be administered via a central line as it is very irritating
Calcium disodium edetate (Calcium Disodium Versenate®)	Lead poisoning	IV: 500 mg/2.5 mL	4 ampules	Main Pharmacy	Dosing depends on degree of toxicity and blood lead levels Do not confuse with disodium EDTA as serious hypocalcemia may result.
Cyproheptadine	Serotonin syndrome	PO: 4 mg	9 tablets	Main Pharmacy	Initial dose 12 mg followed by 2 mg every 2 hours or 4-8 mg every 6 hours PRN symptom control
Dantrolene	Malignant hyperthermia Neuroleptic Malignant syndrome	IV: 20 mg/vial	50 vials	OR Areas Trauma Bay	Initial dose 2.5 mg/kg, repeat dose until symptoms subside or a cumulative dose of 10 mg/kg is reached 24-hour MH Hotline (for emergencies only): 1-800-644-9737
Deferoxamine mesylate	Increased serum iron	IV: 2g/vial	18 vials	Main Pharmacy	Initial dose 1000mg IV or IM x1, followed by 500 mg IV or IM every 4 hours x2 doses Indicated in patients with coma, shock, metabolic acidosis, or GIB or iron >500 mcg/dL. Per package insert max dose is 6000 mg/day; however higher doses may be needed in severe acute iron toxicity
Digoxin-specific antibody (DigiFab®)	Digoxin toxicity	IV: 40 mg/vial	15 vials	Main Pharmacy	Dosing depends on degree of toxicity Acute ingestion with unknown digoxin level-give 10 vials Each vial binds ~0.5 mg of digoxin. Monitor K+ levels and continuous EKG; may interfere with interpretation of digoxin levels for up to several weeks
Dimercaprol (BAL in Oil)	Arsenic, mercury, lead, gold	IV: 300 mg/3 mL	5 ampules	Main Pharmacy	Dosing depends on toxin Monitor for hypertension, tachycardia, hyperpyrexia, urticaria; May pretreat with diphenhydramine

Updated: 9/2019 by Lynn Hoang, PharmD

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DTPA calcium/zinc	Plutonium toxicity				Radiation Emergency Assistance Number: 865-576-1005 (Ask for REAC/TS); http://orise.orau.gov/reacts/medcountermeasures.htm
Fat emulsion (Intralipid®)	Calcium channel blocker overdose, local anesthetic toxicity	IV: 20% 250 mL	5 bags	ED Pharmacy Office Main Pharmacy	Initial dose 1.5 mL/kg bolus over 1 minute followed by 0.25 mg/kg/min infusion with continuous chest compressions
Flumazenil	Benzodiazepine overdose	IV: 0.5 mg/5 mL	12 vials	ED Pyxis	Initial dose 0.2 mg IV. May follow with 0.5 mg IV up to maximum total dose of 3 mg Use for iatrogenic oversedation. Due to risk of seizures, avoid in patients who take BZD chronically
Fomepizole	Ethylene glycol and methanol toxicity	IV: 1.5 g/1.5 mL	4 vials	Main Pharmacy	Initial dose 15 mg/kg x1 followed by 10 mg/kg q12h for 48h, then increase to 15 mg/kg until resolution of toxicity Dose adjusted if patient also receiving dialysis
Glucagon	Beta blocker overdose	IV: 1 mg/mL	250 vials	ED Pyxis (bolus) Main Pharmacy	Initial dose 5-10 mg IV push followed by a continuous infusion of 0.05-0.1 mg/kg/hour. Can cause severe nausea and vomiting. Premedicate with antiemetic.
Glucarpidase	Methotrexate toxicity	IV: 1,000 units/vial	5 vials	Main Pharmacy (NOT STOCKED)	50 units/kg (IBW) Round to the nearest vial. IV bolus over 5 minutes Restricted to inpatient use only Available to receive within 12-14 hours regardless of time order is placed. Call:1-469-237-2030. GPO 315331 Please refer to SOP for additional guidance on dosing/administration
Idarucizumab (Praxbind®)	Dabigatran (Pradaxa®) overdose	IV: 2.5 g/vial	2 vials	Main Pharmacy	Initial dose 5g administered as two 2.5g vials no more than 15 minutes apart
Insulin with Dextrose	Calcium channel blocker, beta blocker overdose	IV: 100 units/mL	12 vials	ED Pyxis	High dose insulin therapy for CCB/BB overdose: 1 unit/kg bolus followed by 0.5 unit/kg/hr. Give with D10 drip to prevent hypoglycemia. Monitor serum potassium levels

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Iodide (K+ Iodide)	Radioactive iodide	PO: 1 g/30 mL	1 bottle	Main Pharmacy	Initial dose 130 mg once daily
Hydroxycobalamin (CyanoKit®)	Cyanide	Standard Kit	2 kits	ED Pyxis	Initial dose 5gm as a single infusion. May repeat 5gm dose depending on severity of poisoning Red color of drug interferes with lab tests. Can cause red discoloration of skin or urine
Levocarnitine	Valproic acid overdose	IV: 1 g/5 mL	7 vials	Main Pharmacy	Initial dose 100mg/kg over 30 minutes followed by 15 mg/kg every 4 hours until resolution of toxicity Indicated in patients with coma, hyperammonemia, hepatotoxicity, or serum valproate concentration greater than 450 mcg/mL
Leucovorin	Methotrexate, trimethoprim overdose	IV: 100 mg/10 mL	15 vials	Main Pharmacy	Dosing depends on severity of toxicity and toxin ingested Not intended for intrathecal use. Due to the calcium content, do not administer faster than 160 mg/min
Methylene blue	Methemoglobinemia	IV: 100 mg/10 mL	6 vials	Main Pharmacy	Initial dose 1 to 2 mg/kg over at least minutes. May repeat in 1 hour if necessary
Naloxone	Opioid overdose	IV: 0.4 mg/mL ampules, 1 mg/mL vial	100 ampules/ 40 vials	ED Pyxis	Dosing depends on degree of overdose. If infusion is required, dosing is 2/3 of the effective dose per hour
Octreotide	Sulfonylurea overdose	IV: 500mcg/mL, 5,000 mcg/5mL	1 vial	ED Pyxis	SC route preferred: 50 to 100 mcg. May repeat q6-12h. IV dosing: 100-125 mcg/hr. 225 mcg provides 75 mcg x 4 doses to a 100 kg adult
Phentolamine	Catecholamine extravasation, cocaine overdose	IV: 5 mg/vial	2 vials	Main Pharmacy	Dosing depends on indication

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Physostigmine	Anticholinergic syndrome/overdose	IV: 2 mg/2 mL	2 vials	ED Pyxis	Initial dose 0.5 to 2 mg. Administer no faster than 1 mg/min. May repeat in 10-30 minutes until response occurs. Reserved for life threatening situations only
Phytonadione	Warfarin overdose	IV: 10 mg/1 mL	2 ampules	ED Pyxis	Initial dose 10 mg IV if patient is actively bleeding. If life-threatening hemorrhage, administer KCentra in addition to phytonadione
Pralidoxime chloride (2-PAM)	Organophosphate poisoning, anticholinesterase overdose	IV: 1 gram/vial	18 vials	Main Pharmacy	Initial loading dose of 1000 to 2000 mg. Repeat bolus in 1 hour and every 10-20 minutes thereafter as needed. Administer with atropine
Protamine sulfate	Heparin overdose	IV: 50 mg/5mL, 250 mg/25 mL	5 vials	Main Pharmacy	1 mg of protamine neutralizes 100 mg of heparin. Max dose: 50 mg
Prothrombin complex concentrate (PCC-KCentra®)	Anticoagulant reversal (warfarin, rivaroxaban, apixaban)	IV: 500 units/vial, 1000 units/vial	Variable	Main Pharmacy	Dosing for warfarin-related life threatening bleeding is dependent on the INR and weight: INR 2-4: 25 units/kg (Max: 2500 units) INR 4-6: 35 units/kg (Max: 3500 units) INR >6 50 units/kg (Max: 5000 units) Dosing for DOAC [#] s: 50 units/kg (Max: 5000 units)
Prussian Blue	Thalium, radioactive cesium				Radiation Emergency Assistance Number: 865-576-1005 (Ask for REAC/TS); http://orise.orau.gov/reacts/medcountermeasures.htm
Pyridoxine	Isoniazid	IV: 100 mg/mL	80 vials	Main Pharmacy	Initial dose 5g administered at a rate of 0.5 to 1 g/min. May repeat every 5 to 10 minutes as needed to control persistent seizure activity and/or CNS toxicity. Max dose 5g
Sodium bicarbonate	TCA, sodium channel blocking agents, salicylate overdose	IV: 8.4% (50 mEq/50 mL)	20 syringes/vials	ED Pyxis	Usual dosing: 1-2 mEq/kg. Administer doses until QRS interval narrows to less than 100 (TCA OD) or to a urinary pH of 7.5-8.5 (salicylate OD)

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Succimer (DMSA)	Lead toxicity	PO: 100 mg	10 capsules	Main Pharmacy	Use in asymptomatic or mildly symptomatic patients. Dosing (off-label for adults): 10 mg/kg/dose every 8 hours for 5 days
Sugammadex	Non-depolarizing neuromuscular blocker (NMB) reversal	IV: 200 mg/2 mL	8 vials	Main Pharmacy OR areas	Immediate reversal of rocuronium-induced blockade: 16 mg/kg (ABW) IV as a single dose within 3 minutes of rocuronium administration. Wait 24 hours before administering a non-depolarizing NMB.

*Suggested minimum stock quantity for treatment of a 100 kg adult for the first 24 hours unless otherwise noted

#DOAC: Direct-acting Oral Anticoagulant

References:

- Dart, RC et al. Expert consensus guidelines for stocking antidotes in hospitals that provide emergency care. Ann Emerg Med 2018; 71:314-325
- Lexicomp

For questions or information regarding dosing or additional antidote or reversal agent information, please call the ED Pharmacist at 225-765-8002.

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