

ANTIDOTE STOCKING GUIDELINES FOR B.C. HOSPITALS BC Drug & Poison Information Centre: Updated June2018

	Therapeutic Agent	Treatment of Poisoning by:	Unit size	Minimum # units for each HCF category*					Needs Assessment for Health Care Facilities (HCF)
				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	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	2 g/10 mL vials	30	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	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)	1 g/10mL vial	10	10	10	10	10	Stocking both calcium salts is recommended; however, if only stocking one agent then calcium gluconate should be stocked. Chloride salt preferred for calcium channel blocker overdose; 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	1 g/10mL PFS	20	20	10	10	10	
	Digoxin Immune Fab Inj	digoxin/digitalis glycosides	40 mg/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 <i>if</i> use is <i>infrequent</i> AND a supply can be obtained from a neighbouring HCF within ~1 hour.
	Fomepizole Inj	methanol, ethylene glycol	1500 mg/vial	4	2	1	1-2	1	Remote HCF that are prone to transportation delays require 2 vials.
	Flumazenil Inj	benzodiazepines	0.5 mg /5 mL vial	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	1 mg/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, acetonitrile	5 g/vial	2	1	1	1	1	Should be considered for victims of smoke inhalation.
	Idarucizumab	dabigatran bleeding reversal	2.5 g/ 50 mL	2	2	2	2	2	Reversal for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding in patients taking dabigatran. Dose is 5 g (2 vials).
	Lipid Emulsion	Local anesthetics, other cardiotoxic medications	2 x 250 mL or 500 mL bag	1	1	1	1	0	Reserved for cardiotoxicity not responding to standard resuscitation guidelines.
	Methylene blue Inj	methemoglobinemia	50 mg/5 mL amp	10	10	5	5	3	Common causes of methemoglobinemia: nitrites, dapsone, local anesthetics, phenazopyridine.
	Naloxone Inj	opiates, opioids	0.4 mg/1 mL amp	100	100	100	100	100	Most HCF require inventory for 2 or more patients. With the more potent fentanyl analogues, patients may require up to 15 mg and then may need to be on an infusion afterwards.
Pyridoxine Inj	high dose isoniazid (seizures)	3 g/ 30 mL vial	5	4	2	2	2		
Antidotes available within 1 hour	Black widow spider antivenin Inj	.	1 vial (2.5 mL)	2	1	0	0	0	SPECIAL ACCESS PROGRAMME Manufacturer keeps a supply in Montreal.
	Crotalidae Polyvalent Fab Antivenin Inj	rattlesnake (Crotalidae) envenomation	1 vial	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	500 mg/vial	30	20	10	15	10	
	Dimercaprol (BAL) Inj	lead, mercury, arsenic	300 mg/3 mL amp	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. May be in short supply.
	Folic Acid Inj	methanol	50 mg/ 10mL 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	50 mg/5 mL vial	2	1	1	1	1	
	Octreotide Inj	sulfonylurea (hypoglycemia)	100 µg/1 mL amp	10	6	3	3	3	
	PEG Solution	iron, some SR preparations, some metals	4 L jug	6	6	2	3	2	Larger quantity for remote sites at risk for delayed transfer.
	Pralidoxime Inj	organophosphate insecticides	1 g/vial	24	12-24	3	6	0	SPECIAL ACCESS PROGRAMME (through Baxter in Ontario)
	Protamine Sulfate Inj	heparin	50 mg/5 mL vial	10	5	2	3	2	
Vitamin K1 Inj	warfarin, rodenticides	10mg/ 1mL amp	20	20	10	10	10		
Specialty/ Optional	Calcium disodium EDTA Inj	lead, zinc	10 mL amp (50 mg/mL)	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. Backordered indefinitely. Alternatives include dimercaprol and succimer.
	Cyproheptadine	serotonin syndrome	4 mg tab	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 3 rd and 2 nd HCF.
	Dantrolene Inj	malignant hyperthermia secondary to anesthetic	20mg/vial	Primarily used for anesthetic-induced malignant hyperthermia, rarely used for poisoning.					Required by all HCF using inhalation anesthetics.
	Penicillamine	copper, lead, arsenic	250 mg caps	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®, Isostat®, ThyroShield®). 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	300mg/10mL vial	With supportive care for hydrogen sulfide poisoning. With sodium thiosulfate for cyanide poisoning.					Available through McKesson. Rarely used. 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.
	Sodium thiosulfate Inj	cyanide, acetonitrile	12.5 g/50 mL vial	May be used for cyanide poisoning along with sodium nitrite; limited evidence.					Rarely used. May be used with sodium nitrite for cyanide poisoning if hydroxocobalamin unavailable.
Succimer	chelating agent for lead, mercury, arsenic	100 mg cap						SPECIAL ACCESS PROGRAMME (US manufacturer) Canadian distributor is GMD Distribution.	