

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 150 mg/kg in 200 mL of 5% dextrose over 1 hour. Initial dose should be followed by 50 mg/kg in 500 mL of 5% dextrose over 4 hours, then 100 mg/kg in 1000 mL of 5% dextrose over 16 hours.
Crotalidae Immune F(ab')₂ (Anavip®)	Rattlesnake envenomation	IV: no more than 120 mg of protein	14 vials	Main Pharmacy	Initiate therapy as soon as possible after bite. Initial dosing: 10 vials; may repeat every hour as needed. No known max dose. Maintenance dose: 4 vials as needed; can administer for any re-emerging symptoms.
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	45 syringes	ED Pyxis	Initial bolus dose 1 to 5 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				For adult patients: 1) Contact state public health department → 1800-256-2748 2) If no answer, contact the CDC → 770-488-7100
Bromocriptine	Neuroleptic malignant syndrome/levodopa withdrawal	PO: 2.5 mg	15 tablets	Main Pharmacy	Initial Dose 2.5 mg every 8-12 hours, increase 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	4 bottles	ED Pyxis	Only recommended if toxin was ingested within the last 2 hours
Charcoal, activated (w/ sorbitol)			2 bottles	Main Pharmacy	

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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	ED Pyxis Main Pharmacy	Initial dose 12 mg followed by 2 mg every 2 hours or 4-8 mg every 6 hours PRN symptom control
Dantrolene (Ryanodex®) Dantrolene (Dantrium®)	Malignant hyperthermia, Neuroleptic Malignant syndrome	Ryanodex® IV: 250 mg/vial Dantrium® IV: 20 mg/vial	Ryanodex®: 4 vials Dantrium® 50 vials	MH Carts (OR, Trauma Bay) OR Pharmacy Main Pharmacy	Initial dose as Ryanodex® 2.5 mg/kg, repeat doses with Dantrium® 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: 2 g/vial	18 vials	Main Pharmacy	Initial dose 1000 mg 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 w/ 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 several weeks
Dimercaprol (BAL in Oil)	Arsenic, mercury, lead, gold	IV: 100 mg/3 mL	5 ampules	Main Pharmacy	Dosing depends on toxin. Monitor for hypertension, tachycardia, hyperpyrexia, urticaria. May pretreat with diphenhydramine

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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/medcountermeasure.htm
Fat emulsion (Intralipid®)	Calcium channel blocker overdose, local anesthetic toxicity	IV: 20% 250 mL	5 bags	ED Pharmacy ED Pyxis	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	RSI Kits ED Pyxis	Initial dose 0.2 mg IV. May follow with 0.5 mg IV at 1-minute intervals up to max 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	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 (Voraxaze)	Methotrexate toxicity	IV: 1,000 units/vial			For indication of MTX toxicity - Restricted to inpatient use, not stocked. Dose: 50 units/kg (IBW) IV bolus over 5 minutes. Dose round to the nearest vial. Voraxaze orders 24/7/365. ASD can process orders for expedited or next-day delivery – same-day emergency delivery is also available; BUT should be available in hospital per guidelines Glucarpidase should not be administered until 2 h after leucovorin Emergency Voraxaze number 1-469-237-2030.

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Idarucizumab (Praxbind®)	Dabigatran (Pradaxa®) overdose	IV: 2.5 g/vial	5 g (1 box/2 vials)	Main Pharmacy	Initial dose 5 g administered as two 2.5 g doses no more than 15 minutes apart.
Insulin with Dextrose	Calcium channel blocker, beta blocker overdose	IV: 100 units/mL regular insulin	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.
Iodide (K+ Iodide)	Radioactive iodide	PO: 1 g/30 mL	1 bottle	Main Pharmacy	Initial dose 130 mg once daily. Continue for 10-14 days.
Hydroxocobalamin (CyanoKit®)	Cyanide poisoning	Standard Kit	2 kits	Main Pharmacy	Initial dose 5 gm as a single infusion. May repeat 5 gm 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	15 vials	Main Pharmacy	IV bolus of 100 mg/kg over 30 minutes followed by 50 mg/kg over 15-30 minutes every 8 hours until resolution of toxicity. Max dose of 3,000 mg. 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, 50 mg/5 mL, 350 mg/17.5 mL	1000 mg	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 5-30 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	Initial dose 0.4-2 mg. May repeat every 2-3 minutes. If infusion is required, dosing is 2/3 of the effective dose per hour.

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Octreotide	Sulfonylurea overdose	IV: 50 mcg/mL	6 vials	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	ED Pyxis	Dosing depends on indication. Extravasation of norepinephrine dose: inject 5-10 mg into extravasation area.
Physostigmine	Anticholinergic syndrome/overdose	IV: 2 mg/2 mL	2 vials	Main Pharmacy	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 2.5-10 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 reversal	IV: 50 mg/5mL, 250 mg/25 mL	5 vials	Main Pharmacy	1 mg of protamine neutralizes 100 mg of heparin. Protamine incompletely neutralizes anti-factor Xa activity (~60-75%) in low-molecular-weight heparins. Max dose: 50 mg
Prothrombin complex concentrate (4FPCC-Kcentra®)	Anticoagulant reversal (warfarin, rivaroxaban, apixaban)	IV: 500 units/vial, 1000 units/vial	5000 units	Main Pharmacy	Warfarin reversal: fixed dose of 1,500 units once DOAC reversal: fixed dose of 2,000 units once
Prussian Blue	Thallium, radioactive cesium				Radiation Emergency Assistance Number: 865-576-1005 (Ask for REAC/TS); http://orise.orau.gov/reacts/medcountermeasure.s.htm
Pyridoxine	Isoniazid overdose	IV: 100 mg/mL	150 vials	Main Pharmacy	Initial dose 5 g 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 5 g

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Sodium bicarbonate	TCA and salicylate overdose, sodium channel blocking agents	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)
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	OR areas Main Pharmacy	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
- Goldfrank's

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