

New Zealand National Poisons Centre Antidote Stocking Guideline for Hospitals that Treat Poisoning Emergencies

NB: This guideline is <u>not</u> intended for use deciding whether to treat a patient with an antidote, what dose to use, or how to administer. This advice can be obtained 24/7 by contacting the National Poisons Centre on-call medical toxicologist: call 0800 764 766.

Group A – Available immediately (e.g. in emergency department or other area with minimal delay)							
Drug	Used for	Example Presentation	Minimum Recommended Stock#				
			8h 24h				
Acetylcysteine	Paracetamol	Injection, 2g/10mL per ampoule	40g				
Activated charcoal	GI decontamination	Oral liquid, 200mg/mL x 250ml, 50g bottle	200g				
Atropine	Organophosphates, carbamates	Injection, 600mcg/mL per ampoule	100mg ideally if suitable preparation available, otherwise 18mg				
Calcium salts - Ca-Chloride or - Ca-Gluconate (S29)	Calcium channel blockers, hydrofluoric acid systemic toxicity	Ca-Chloride: Injection, 10% (1g/10mL; 6.8mmol/10mL Ca) per vial Ca-Gluconate: Injection, 10% (1g/10mL; 2.2mmol/10mL Ca) per vial	Ca-Chloride: 6g or Ca-Gluconate: 18g				
Calcium gluconate gel 2.5% (S29)	Hydrofluoric acid burn	Topical gel, 2.5% (25mg/g) 50g tube	100g				
Hydroxocobalamin (Cyanokit®) (S29)	Cyanide	Hydroxocobalamin: Injection, (powder for) 5g x 1 vial per pack	Hydroxocobalamin: 10g				
Sodium thiosulfate		Sodium thiosulfate: Injection, 25% (12.5g/50ml) per vial	Sodium thiosulfate: 25g				
Digoxin specific antibody fragments (S29)	Digoxin	Injection, (powder for) 40mg per vial	4 vials				
Flumazenil	Benzodiazepines	Injection, 500mcg/5mL per ampoule	2mg				
Lipid emulsion 20%	Local anaesthetics	Injection, 20% (100g/500mL) per bottle	1.5L				
Methylthionium chloride (methylene blue)	Methaemoglobinaemia	Injection, 0.5% (50mg/10mL) per vial	200mg				
Naloxone	Opioids	Injection, 400mcg/mL per vial	10mg				
Physostigmine (S29)	Anticholinergic toxicity	Injection, 2mg/5mL per vial	4mg				
Sodium bicarbonate 8.4% (S29)	Tricyclic antidepressants and other sodium channel blockers, urinary alkalinisation	Injection, 8.4% (4.2g/50mL; 50mmol/50mL or 8.4g/100mL; 100mmol/100mL) per vial	600 mL				

[#]Generally sufficient to treat a 100kg person; for some antidotes this amount may also be sufficient for a full treatment course. S29 denotes Section 29 drug.

[^]Total atropine doses >100mg may be needed to reverse toxicity.



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Group B – Available within 1 hour (e.g. within the hospital or nearby facility)						
Drug	Used for	Example Presentation	Minimum Recommended Stock [#]			
			8h	24h		
Anticoagulant antidotes*						
-Idarucizumab	Dabigatran	Idarucizumab: Injection 2.5g/50mL per vial	Idarucizumab: 5g			
-Protamine	Heparin	Protamine: Injection, 1% (50mg/5mL) p	Protamine: 500mg			
-Phytomenadione (vit K1)	Warfarin, brodifacoum	Vitamin K1: Injection, 10mg/mL per ampoule	Vitamin K1: 50mg			
Benzatropine mesylate	Dystonic reactions	Injection, 2mg/2mL per vial	4mg			
Dantrolene [^]	Malignant hyperthermia,	Injection, (powder for) 20mg per vial	1000mg			
	Neuroleptic malignant					
	syndrome					
Desferrioxamine	Iron	Injection, (powder for) 500mg per vial	12g	36g		
Folinic acid (calcium folinate)	Oral methotrexate	Injection, 50mg/5mL per vial and	150mg <i>and</i>	450mg <i>and</i>		
	overdose (not applicable	Oral tablet, 15mg	4 x 15mg tablets	12 x 15mg tablets		
	to IV exposures)					
Fomepizole (not on HML) (fomepizole is preferred first line)	· · · · · · · I LOVIC SICONOIS IMPERSADI I	Injection, 100% (1.5g/1.5mL) per vial	Fomepizole: 1.5g	Fomepizole: 3g		
		and	and	and		
F.I. 1 (620)		Injection, 96% v/v (9.6ml/10mL) per vial	IV Ethanol 96%: 400mL	IV Ethanol 96%: 800mL		
Ethanol (S29)		Oral liquid 40%	Oral Ethanol 40%: 900mL	Oral Ethanol 40%: 1800mL		
Levocarnitine (S29)	Sodium valproate	Injection, 1g/5mL per vial and	9g and	15g <i>and</i>		
		Oral tablet, 500mg	18 x 500mg tablets	30 x 500mg tablets		
Macrogol 3350 with		Oral liquid, any isoosmotic preparation	Quantity sufficient to prepa	re 10L of lavage fluid		
electrolytes	Whole bowel irrigation	formulated for colonic lavage (e.g. Klean-				
(polyethylene glycol)		Prep, Glycoprep, etc)				
Octreotide	Sulfonylureas	Injection, 100mcg/mL per vial	200mcg	600mcg		
Pyridoxine (S29)	Isoniazid	Injection, 3g/30mL per vial	5g			

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^{*}Prothrombin complex concentrates are useful in anticoagulation reversal, however stock is managed by and accessible through the NZ Blood Service. Stocking for trauma considerations should supercede antidote considerations; the recommended stock only considers antidote usage.

[^]Stocking for surgical theatre considerations should supercede antidote considerations; the recommended stock only considers antidote usage.



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Group C – Available within 8-12h (e.g. available from regional store)					
Drug	Used for	Presentation	Minimum Recommended Stock to treat one 100kg person		
Botulinum antitoxin heptavalent (S29)	Botulism	Injection, 20mL or 50mL vial	1 vial		
Dimercaprol (BAL) (S29)	Mercury, arsenic	Injection, 100mg/2mL per ampoule	9.6g - 600mg for 8h, 1800mg for 24h - Typical dosing 1800mg/day for 2 days, then 600mg/day for up to 10 days		
Polyvalent snake antivenom (S29)	Snake envenomation	Injection, 50mL vial	1 vial		
Pralidoxime iodide (S29)	Organophosphates	Injection, 2.5% (500mg/20mL) per ampoule	35g - 3g first 8h, 7g for 24h - Optimal treatment duration unknown, may require several days of treatment		
Sodium calcium edetate	Lead	Injection, 50mg/mL ampoule, 200mg/mL ampoule	15g - 1g for 8h, 3g for 24h - Treatment course up to 5 days		
Succimer (DMSA) (S29)	Lead, mercury, arsenic	Oral capsule, 200mg	43g for 19d course - 3g/day first 5 days, then 2g/d for 14d		

Group D – drugs that are <u>not</u> essential for routine stocking as antidotes

Andexanet alpha, Amyl nitrite, Bromocriptine, Cyproheptadine, Dicobalt edetate, Fuller's earth, Glucagon, Methionine, Penicillamine, Pentetate calcium trisodium (DTPA), Phentolamine, Potassium iodide, Prussian blue, Redback spider antivenom, Silibinin, Sodium nitrite

NB: Antidotes for parenteral chemotherapeutic agents are not covered by this guideline.

This guideline is endorsed by:

New Zealand faculty of the Australasian College for Emergency Medicine New Zealand Hospital Pharmacists' Association College of Intensive Care Medicine (Aotearoa and Australia)