National Poisons Centre
Te Pokapū Mātauranga Tāoke

New Zealand National Poisons Centre Antidote Stocking Guideline for Hospitals that Treat Poisoning Emergencies v2.0 - PREFACE

October 2025

Tēna koutou,

This preface to the New Zealand National Poisons Centre (NPC) Antidote Stocking Guideline for Hospitals that Treat Poisoning Emergencies v2.0 provides important notes and a summary of changes from the previous version. The original guideline was created in 2022 after broad engagement with stakeholders across the country and we are grateful for everyone who has contributed to the process. Feedback from many stakeholders over the subsequent years has been essential in producing this updated guideline.

Important Notes

1. The guideline is **not** intended for use deciding whether to treat a patient with an antidote, what dose to use, or how to administer it. This advice can be obtained 24/7 by contacting the National Poisons Centre on-call medical toxicologist at 0800 764 766.
2. Minimum stocking recommendations are based on treating a 100kg person (actual body weight) presenting with clinical circumstances that are typically associated with antidote use and does not consider extraordinary cases that could require more antidote. The recommended antidote stock amounts should be sufficient to treat most typical scenarios.
3. There are a few antidotes that have different recommended stocking amounts to cover 8 hours or 24 hours of treatment. For antidotes where only one value is listed, this should be sufficient to treat most patients for 24 hours (if treatment is required for this length of time).
4. Presentations of products are given as examples only. The wide variety and changing availability of products in the marketplace cannot be accounted for by this guideline, hence procurement of products is expected to differ at times from the examples given in the guideline itself. The information in the guideline should be sufficient to support procurement of suitable products.
5. Some of the medicines listed on the guideline may not be readily available in New Zealand at the time of this writing. Nonetheless these are recommended antidotes for stocking, and the NPC advises procurement by available means.
6. Antidotes in Group C are recommended to be held in only a small number of locations as regionally available stores. Additional work is required within the health system to determine the optimal number and locations of regional stores to ensure national coverage and equitable availability of these medicines.
7. Antidotes for chemotherapeutic agents are not covered by the guideline.
8. An appendix containing notes and assumptions used to derive stocking amounts is available upon request.
9. The intention is to review and update the guideline again in 2027-2028; feedback is always welcome at any time.

Summary of changes from v1.0 to v2.0

- **Group A (available immediately)**
    - Updated table format from one page to two pages
    - **Benzatropine** moved from Group B to Group A
    - Increase recommended stocking amount for **digoxin specific antibody fragments** from 4 vials to 5 vials

  - **Glucose** added as new drug with specific stocking recommendation
  - **Idarucizumab** moved from Group B to Group A
  - **Insulin** added as new drug with specific stocking recommendation
  - Increase in recommend stocking amount for **naloxone** from 10mg to 30mg
  - **Rivastigmine** added as new drug with specific stocking recommendation
- **Group B (available within 1 hour)**
  - Anticoagulant antidotes now listed separately
    - Idarucizumab moved from Group B to Group A
    - **Phytomenadione (vit K1)** and **protamine** listed individually in Group B
  - **Benzatropine** moved from Group B to Group A
  - Rationalised recommended stocking amount for **levocarnitine** from 9g (8h) and 15g (24h) to 2g (8h) and 6g (24h), also removed oral tablets
  - Increase in recommended stocking amount for **macrogol 3350 with electrolytes** from quantity sufficient to make 10L to 20L of fluid
  - Rationalised recommended stocking amount for **octreotide** from 600 mcg to 400 mcg as sufficient for one patient for 24h
  - Rationalised recommended stocking amount for **phytomenadione (vit K1)** from 50mg to 10mg as sufficient for one patient for 24h
  - Rationalised recommended stocking amount for **protamine** from 500mg to 50mg as sufficient for one patient for 24h
- **Group C (available within 8 hours)**
  - Refined accessibility timeline for Group C to be 8h, instead of 8-12h
  - **Dimercaprol (BAL)** moved from Group C to Group D (not recommended for stocking)
  - **Dimercaptopropane sulphonate (DMPS)** added as new drug with specific stocking recommendation
  - **Polyvalent snake antivenom** moved from Group C to Group D (not recommended for stocking)
  - **Sea snake antivenom** added as new drug with specific stocking recommendation
- **Group D**
  - Table formatting updated
  - **British Anti-Lewisite (BAL, dimercaprol)** moved from Group C to Group D
  - **Polyvalent snake antivenom** moved from Group C to Group D

If you have any comments or questions, please direct these to antidote@otago.ac.nz.

Nāku, nā

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