

Preface for New Zealand National Poisons Centre Antidote Stocking Guideline for Hospitals that Treat Poisoning Emergencies – August 2022

Tēna koutou,

This letter provides important notes as a preface to the first version of the New Zealand National Poisons Centre (NPC) Antidote Stocking Guideline that is now ready for dissemination. This guideline was created after broad engagement with stakeholders across the country and we are grateful for everyone who has contributed to the process.

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: call 0800 764 766.
2. Minimum stocking recommendations are based on treating a 100kg person 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. Local risks or threat assessment may supersede stocking recommendations of this guideline for some exposures.
3. There are a few antidotes in Group B 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 the first 24 hours.
4. Presentations of medicines products are examples only. Given the wide variety and changing availability, the guideline cannot be accurate in real-time, hence procurement of products is expected to differ from the examples given in the guideline itself.
5. Fomepizole and physostigmine are not readily available in New Zealand at the time of this writing. Nonetheless these are recommended antidotes to stock and NPC advises procurement by available means.
6. Holding both fomepizole *and* ethanol (either for intravenous or oral administration) is recommended. Fomepizole is the preferred antidote and should be used first line when available.
7. Antidotes in Group C are recommended to be held in only a small number of locations. Additional work is required within the health system to determine the optimal number and locations of regional storage sites and distribution mechanisms to ensure national coverage and equitable availability of these medicines.
8. Medicines in Group D are not considered essential to hold *as antidotes*, but local preference may be to hold these or they may have other non-antidote uses.
9. The intention is to review and update the guideline in one year's time; feedback is always welcome.

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

Nāku, nā



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