**Antidote Chart**

**TOXICITY**

POTENTIAL ANTIDOTES AND SPECIFIC TREATMENTS

Please call the Missouri Poison Center for individual patients.

**QUANTITY RECOMMENDED**

Acetaminophen: Oral N-acetylcysteine (NAC): 50% or 20%: 140 mg/kg loading dose, then 70 mg/kg Q 4 hours x 17 doses OR: N-acetylcysteine (NAC): 50%: 150 mg/kg loading dose over 1 hour, followed by 60 mg/kg Q 4 hours x 17 doses, then 100 mg/kg Q 6 hours, or continued longer until liver transaminase levels have peaked and are clearly moving downward.

Acetylcholine Receptor Antagonists: Physostigmine (Antilu): Use with caution. Adults: 2 mg (Pediatric: 0.02 mg/kg SIV over 2 minutes.

Anticholinergic Delirium: Benztropine: Physostigmine (Antilu): 2 mg IV bolus over 2 minutes followed by 0.5 to 1 mg IV per hour.

Arsenic: IM: Dicumarol (BAY in DPI): 2.5 to 3 mg IM Q 4-6 hours for 2 days, then a tapering schedule.

Beta Blocker: Glucagon: Adults: 3 to 5 mg (Pediatric: 0.05-0.08 mg/kg IV bolus over 1-5 minutes. If no response, repeat 1 or 2 times. Bolus is followed immediately by continuous infusion at 0.05 to 0.2 mg/kg per hour if glucagon is ineffective.

**OFFER INTRAVENOUS PHENYTOIN THERAPY (HIT): Glucagon bolus and IV, followed by regular insulin bolus at 0.5 to 1 unit/kg/h. Hit HIT includes continuous infusion of the same insulin dose per hour. If no response to bolus in 30 minutes, repeat insulin bolus at a higher dose, up to 2 x units/kg, and raise the infusion rate.

Black Widow Spider: Benzylpenicillin, penicillin G, penicillin V: 1 vial diluted to 50 mL IV over 15-30 minutes. Drip IM within 24 hours are not required for confirmed symptomatic bites.

Botulinum, Intestine: BabyBIG (Human-derived anti-toxin toxin antibodies): One 100 mg vial for each 2 kg of patient weight. Available from California Department of Health Food Intestinal Botulism Treatment and Prevention Program.

Calcium Channel Blocker: Calcium chloride: Adults: 1 to 3 ampules IV over 5-10 minutes; repeat as needed every 30 minutes. If needed, switch to calcium chloride 2.5 to 5 mg per dose.

Calcium gluconate gel: 2 x 90 g tubes (to contain 120 g of calcium). Cellulose: 1 gram IV bolus over 2 minutes, then 0.5 mg/kg per hour.

Carbamate Insecticides: Atropine: Used only if needed due to rapid resolution of symptoms spontaneously. Adults: 1 to 2 mg (Pediatric: 0.5-1.0 mg/kg IV or IM, repeat if needed.

Chloroquine: Hypophosphatemia: Diazepam (Valium): For carbamazepine: Very high dose of 1 to 2 mg/kg IV bolus over 30 minutes, followed by continuous infusion of 0.04 to 0.06 mg per kg per hour for 48 hours.

Clonidine: Naloxone: Only 10 to 50 mg to respond to an anaphylactic dose trial of 2 to 4 mg.

Cyanide: Hydroxocobalamin (Cyanokit): Adults: 5 g IV over 15 minutes in a separate IV line; may require repeat dose 5 g IV over 15 minutes to hours. Phenformin in patients with possible concurrent carbamylmethylglycine.

Dicyclomine, or other cardiac glycoside: Atropine for bradycardia or AV block: Adults: 0.5 to 1 mg IV.

Diphenoxylate, or other cardiac glycoside: Digoxin immune Fab (Digibind): 1 vial of vials to serum digoxin level x weight in kg = 100 mg IV.

Diphenoxylate: 2.5 to 10 mg PO Q 8 hours. If there is no improvement in 24 hours, Bromocriptine: 30 x 2.5 mg tablets.

Ethylene Glycol or Methanol: Fomepizole (Acetadote): Loading dose 15 mg/kg (max 5-10) diluted in 100 mL IV fluid over 30 minutes, then 15 mg/kg Q 1/2 hour per 12 hours until serum methanol or any ethanol and formic acid levels.<br>

Ethinyl Estradiol: Calculated: 1 to 2 mg/kg. The dose is based on the patient’s weight and the ethinyl estradiol content of the drug.

Heparin: Protamine sulfate: 1 mg for each 100 units of heparin remaining in the patient, slowly IV over 10 minutes. Protamine sulfate: 1 x 25 mL vial, 10 mg/mL.

Hydrofluoric Acid: Dimercaprol (BAL in Oil): 2.5 to 3 mg/kg IM Q 4-6 hours for 2 days, then a tapering schedule. Mom formation of BAL: 10 x 3 mL vials, 100 mg/mL.

Hydrazine Poisoning: Acetaminophen: 100 x 10 mL vials. Calcium gluconate: 10 x 1 mL vials (1 amp each).

Iron Deferoxamine (Desferal): 1 gram IV for every 1 g of isoniazid taken. If unknown INH dose, give 5 grams Vitamin B6. Pyridoxine: 20 grams as 20 x 10 mL vials.

Isolated (HIV): Pyridoxine (Vitamin B6): 1 gram IV for every 10 ng of回想. If unknown HIV dose, give 5 grams Vitamin B6.

Lead: Choice of chelation therapy if drug, depends on confirmed versus blood lead level and clinical condition, especially encephalopathy. Options may include:

**OR**

Mercury: Succimer (Celent): Oral: 10 mL tubes IV per hour. Succimer: 100 x 5 mL vials, 10 mg/mL.

Methanol or Ethylene Glycol: Fomepizole (Acetadote): Loading dose 15 mg/kg (max 5-10) diluted in 100 mL IV fluid over 30 minutes, then 15 mg/kg Q 1/2 hour per 12 hours until serum methanol or any ethanol and formic acid levels.<br>

Methemoglobin: Methylene blue: 1%: 1 to 2 mg/kg SIV over 5 minutes; may repeat in 30-60 minutes if needed.

Methotrexate: Leucovorin/Folsom Acid: ASP for significant acute overdose or discovery of chronic overdose, at 15 mg IV or PO 6 hours for 4 to 10 doses. IV fluids to produce robust urine output and sodium bicarbonate to alkalinize urine.

Neurologic Malignant Syndrome: Withdraw offending agent: intense supportive care. Controversial: For severe invasive rigidity: Dantrolene (Dantrium): 1 to 2 mg/kg IV push Q 10 minutes to a maximum dose of 10 mg/kg. May be continued at 1 mg/kg per day in divided doses, and then prn. Controversial: Bromocriptine (Parke-Davis): 250 to 500 mg PO Q 8 hours. If there is no improvement in 24 hours, increase dose to 500 mg every 4-6 mg days.

Opiate/Opioid: Naloxone (Narcan): Adults: 0.4 to 0.8 mg IV for opioid-induced respiratory depression. Naloxone: 100 x 10 mL vials. Methadone: 10 x 10 mL vials, 100 mg/mL.

Oral ingalions: Activated charcoal has limited indications. If patient presents within 1-2 hours of a significant ingestion, do not rinse nor wash off clothes and get emergency care, but consider PO or NG nasogastric suction. Parents: 1 gallon, children: 1/2 of the amount. Adults and toddlers 10 to 15 hours.

Organophosphate Insecticides: Atropine for respiratory symptoms, diazepam for any CNS symptoms. Pralidoxime (2-PAM, Protopam): Can only be used for chronic intoxication or weakness: Adult: 600 mg IM, repeated once or twice more, 15 minutes apart.

Paralytic Poisoning: Neostigmine: 1 mg IV or IM over 5 minutes.

Potassium: Oral ingestion of potassium: 1 to 2 mEq/kg for each 100 mL of IV fluid. If renal insufficiency, give 1 to 2 mEq/kg per hour IV to maintain an ionized potassium of 4.0-5.0 mEq/L.

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