

FOR EMERGENCY MEDICINE

Registered Charity No 273876

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Guy's and St Thomas' Poisons Unit
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Tel (Emergency enquiries): 0870 24 32 24 1
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Guideline on Antidote Availability for Accident and Emergency Departments (see appendix 1 for doses and recommended stock levels)

The following drugs should be immediately available in the A&E Department		
Drug	Indication	Discussion with a Poisons Unit strongly recommended
Absolute alcohol (ethanol)	Ethylene glycol, methanol	√
N-Acetylcysteine (<i>Parvolex</i> ®)	Paracetamol	
Activated charcoal	Many oral poisons	
Atropine (in DoH pods for major incidents involving nerve agents)	OP or carbamate insecticides	√
	Bradycardia	
Benzatropine (Benztropine)	Dystonic reactions	
Calcium chloride	Calcium channel blockers	√
Calcium gluconate	Calcium channel blockers (<i>NB Ca chloride preferred, higher ionised calcium content</i>)	√
	Hydrofluoric acid	√
Calcium gluconate gel	Hydrofluoric acid	
<i>Cyanokit</i> ® (Hydroxocobalamin)	Cyanide	√
Diazepam (<i>Diazemuls</i> ®)	Convulsions; agitation	
Dicobalt edetate (in DoH pods for major incident)	Cyanide	√
Flumazenil (<i>Annexate</i> ®)	Reversal of iatrogenic over-sedation only . NOT for routine management of poisoned patients, seek senior/Poisons Unit advice before giving flumazenil to a poisoned patient.	
Glucagon	Beta-adrenoreceptor blockers. Other indications e.g. CCB/TCA OD seek Poisons Unit advice	√
Glyceryl trinitrate	Hypertension	
Methylthioninium chloride (methylene blue)	Methaemoglobinaemia	
Naloxone (<i>Narvan</i> ®)	Opioids	
Procyclidine injection	Dystonic reactions	
Sodium bicarbonate 8.4%	TCA's & class Ia & Ic antiarrhythmic drugs	√
Sodium nitrite	Cyanide	√
Sodium thiosulphate	Cyanide	√

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The following drugs should be available within 1 hour (i.e. within the hospital)		
Drug	Indication	Discussion with a Poisons Unit strongly recommended
Alpha-blocker e.g. phentolamine or phenoxybenzamine	Severe hypertension caused by amphetamines and other sympathomimetic drugs of abuse, MAOIs, clonidine	√
Dantrolene	NMS	
	Other drug-related hyperpyrexia, seek Poisons Unit advice	√
Desferrioxamine (<i>Desferal</i> ®)	Iron	√
Digoxin specific antibody fragments (<i>Digibind</i> ®)	Digoxin	√
<i>Klean-Prep</i> ®	Gut decontamination for agents not bound by activated charcoal e.g. iron, lithium, bodypackers	√
Methionine	Paracetamol	
Phytomenadione (Vitamin K)	Anticoagulants	
Pralidoxime mesylate (at selected holding centres only or in DoH pods for major incident)	OP insecticides	√
Sodium bicarbonate isotonic e.g. 1.26% or 1.4%	Urinary alkalinisation	√
The following drugs should be available within 4 hours		
Antivenom European adder (<i>Vipera berus</i>)	European adder (<i>Vipera berus</i>)	
Calcium folinate	Methotrexate (MTX)	√
	Methanol, formic acid	√
Octreotide	Sulphonylureas	√
The following drugs are either not critically time dependent or rarely used & could be held supra-regionally*		
Antivenoms for non-indigenous venomous animals**	Significant envenomation, discuss with a Poisons Unit	√
Berlin Blue soluble (Prussian Blue) (<i>Antidotum Thallii-Heyl</i> ®)	Thallium	√
Dimercaprol (BAL)	Heavy metals	√
Fomepizole	Ethylene glycol, methanol	√
Pyridoxine (high dose injection)	Isoniazid	√
Sodium calcium edetate	Heavy metals (particularly lead)	√
Succimer (DMSA)	Heavy metals (particularly lead)	√
Unithiol (DMPS, <i>Dimaval</i> ®)	Heavy metals (particularly mercury)	√

*Antidotes and advice on the management of poisoned patients are available 24 hours a day from Guy's & St Thomas' Poisons Unit on 0870 2432241

** also available from the pharmacy, Royal Liverpool Hospital on 0151 706 2000