

**Appendix 1:- Guideline on Antidote Availability for Accident and Emergency Departments  
by British Association of Emergency Medicine and Guy's & St Thomas' Poisons Unit, June 2006**

| Drug   | Indication   | Adult dose  | Presentation <sup>1</sup>         | Quantity for 70kg adult/24h | Discussion with a Poisons Unit strongly recommended |
|--|--|---|-----------------------------------|-----------------------------|---|
| <b>The following drugs should be immediately available in the A&amp;E Department</b> |  |   |                                   |                             |   |
| Absolute alcohol (ethanol)   | Ethylene glycol, methanol  | Loading dose of 0.6g/kg (oral or IV), followed by IV infusion to achieve plasma ethanol concentration 1-1.5g/L or fomepizole, discuss with a Poisons Unit | 5mL ampoule (approx ≈ 4g)         | 57 ampoules                 | √   |
| N-Acetylcysteine ( <i>Parvolex</i> ®)  | Paracetamol  | IV infusion 150mg/kg in 200mL glucose 5% over 15 min, then 50mg/kg in 500mL glucose 5% over 4 h, then 100mg/kg in 1000mL glucose 5% over 16 h.            | 200mg/mL, 10mL ampoule            | 11 ampoules                 |   |
| Activated charcoal   | Many oral poisons  | Orally 50g stat, repeat 4h for certain agents   | 50g pack                          | 7 pack                      |   |
| Atropine (in DoH pods for major incidents involving nerve agents)                    | OP or carbamate insecticides   | 2mg IV every 5-10 min until atropinisation achieved   | 600mcg/mL, 1mL ampoule            | 50 ampoules                 | √   |
|  | Bradycardia  | 0.6-1.2mg IV titrated to clinical response, maximum 3mg   | 600mcg/mL, 1mL ampoule            | 5 ampoules                  |   |
| Benzatropine ( <i>Benztropine</i> )  | Dystonic reactions   | 1-2mg IM or IV  | 1mg/mL, 2mL ampoule               | 1 ampoule                   |   |
| Calcium chloride   | Calcium channel blockers   | 10 ml 10% solution (i.e. 1g) IV over 5-10 minutes, repeated if no effect every 10-20 minutes for 3-4 doses  | 10 mL ampoule/ disposable syringe | 4 ampoules                  | √   |
| Calcium gluconate  | Calcium channel blockers ( <i>NB Ca chloride preferred, higher ionised calcium content</i> ) | 10ml of 10% solution (i.e. 1g) IV repeated if no effect every 10-20 minutes for 3-4 doses   | 10mL ampoule                      | 4 ampoules                  | √   |
|  | Hydrofluoric acid  | Multiple small volume (0.5 ml) injections 10% solution infiltrated under the site of injury   | 10mL ampoule                      | 3 ampoules                  | √   |
| Calcium gluconate gel  | Hydrofluoric acid  | Rub gel into affected area for at least 30 min  | 25g pack                          | 1 pack                      |   |
| <i>Cyanokit</i> ® (Hydroxocobalamin)   | Cyanide  | 5g or 70mg/kg IV  | 5g pack ( <i>Cyanokit</i> ®)      | 1 pack                      | √   |
| Diazepam ( <i>Diazemuls</i> ®)   | Convulsions; agitation   | 10-20mg IV  | 5mg/mL, 2mL ampoule               | 2 ampoules                  |   |
| Dicobalt edetate (in DoH pods for major incident)                                    | Cyanide  | 300mg by IV injection over 1 min followed by further 300mg injection if no response within 1 min  | 15mg/mL, 20mL ampoule             | 2 ampoules                  | √   |

**Appendix 1:- Guideline on Antidote Availability for Accident and Emergency Departments  
by British Association of Emergency Medicine and Guy's & St Thomas' Poisons Unit, June 2006**

| Drug  | Indication  | Adult dose  | Presentation <sup>1</sup>                            | Quantity for 70kg adult/24h    | Discussion with a Poisons Unit strongly recommended |
|---|---|---|--|--------------------------------|---|
| Flumazenil ( <i>Annexate</i> ®)   | Reversal of iatrogenic over-sedation <b>only</b> . <b>NOT</b> for <b>routine</b> management of poisoned patients, seek senior/Poisons Unit advice before giving flumazenil to a poisoned patient. | 200 mcg IV over 15 s, then 100 mcg at 60 s intervals if required; max total dose 1mg  | 100mcg/mL, 5mL ampoule                               | 2 ampoules                     |   |
| Glucagon  | Beta-adrenoreceptor blockers. Other indications e.g. CCB/TCA OD seek Poisons Unit advice  | 10mg IV bolus repeated as required or 1-10mg/h IV infusion depending on response  | 1mg vial   | 50 vials                       | √   |
| Glyceryl trinitrate   | Hypertension  | 10-200mcg/min IV  | 1mg/mL, 50mL ampoule                                 | 6 ampoules                     |   |
| Methylthionium chloride (methylene blue)  | Methaemoglobinaemia   | 1-2mg/kg IV over 5 min, repeat after 1 h if no response   | 1% (10mg/mL), 10mL ampoule                           | 3 ampoules                     |   |
| Naloxone ( <i>Narcan</i> ®)   | Opioids   | Initial bolus of 200-400mcg IV titrated to clinical effects and if necessary repeated every 1-2 min to maximum bolus dose of 5mg; max total dose 10mg | 400mcg/1mL, 1mL ampoule                              | 25 ampoules                    |   |
| Procyclidine injection  | Dystonic reactions  | 5-10mg IV or IM   | 5mg/mL, 2mL ampoule                                  | 1 ampoule                      |   |
| Sodium bicarbonate 8.4%   | TCA's & class Ia & Ic antiarrhythmic drugs  | 1-2mmol/kg (1-2mL/kg) 8.4% IV over 15 min further doses may be required, titrated to clinical effects   | 50mL syringe   | 9 syringes                     | √   |
| Sodium nitrite  | Cyanide   | 300mg (10mL of 3% solution) IV over 5-20 min  | 3% (30mg/mL), 10mL ampoule                           | 1 ampoule                      | √   |
| Sodium thiosulphate   | Cyanide   | 12.5g (25mL of 50% solution) IV over 10 min   | 50% (500mg/mL), 20mL ampoule                         | 2 ampoules                     | √   |
| <b>The following drugs should be available within 1 hour (i.e. within the hospital)</b> |   |   |  |                                |   |
| Alpha-blocker e.g. phentolamine (1) or phenoxybenzamine (2)                             | Severe hypertension caused by amphetamines and other sympathomimetic drugs of abuse, MAOIs, clonidine   | (1) 2-5mg IV<br>(2) 1mg/kg over at least 2 h IV   | (1) 10mg/mL, 1mL ampoule<br>(2) 50mg/mL, 2mL ampoule | (1) 1 ampoule<br>(2) 1 ampoule | √   |

**Appendix 1:- Guideline on Antidote Availability for Accident and Emergency Departments  
by British Association of Emergency Medicine and Guy's & St Thomas' Poisons Unit, June 2006**

| Drug  | Indication   | Adult dose  | Presentation <sup>1</sup>               | Quantity for 70kg adult/24h | Discussion with a Poisons Unit strongly recommended |
|---|--|---|---|-----------------------------|---|
| Dantrolene  | NMS  | 1mg/kg IV, repeated as required to max total 10mg/kg                                    | 20mg vial                               | 35 ampoules                 |   |
|   | Other drug-related hyperpyrexia, seek Poisons Unit advice                                      | 1mg/kg IV, repeated as required to max total 10mg/kg                                    | 20mg vial                               | 35 ampoules                 | √   |
| Desferrioxamine ( <i>Desferal</i> ®)  | Iron   | Up to 15mg/kg/h IV, maximum 80mg/kg in 24 h   | 500mg vial                              | 12 vials                    | √   |
| Digoxin specific antibody fragments ( <i>Digibind</i> ®)                                  | Digoxin  | Depends on blood concentration or amount ingested; if not known 10 vials IV             | 38mg vial                               | 10 vials                    | √   |
| <i>Klean-Prep</i> ®   | Gut decontamination for agents not bound by activated charcoal e.g. iron, lithium, bodypackers | Orally 1.5-2 L/h until rectal effluent resembles irrigating fluid (usually 2-6 h)       | 4 sachets (reconstituted with 4L water) | 12 sachets                  | √   |
| Methionine  | Paracetamol  | 2.5g orally, with 3 further doses of 2.5g every 4h                                      | 250mg tablet                            | 40 tablets                  |   |
| Phytomenadione (Vitamin K)  | Anticoagulants   | Depends on severity of haemorrhage & prothrombin time (PT); 10-20mg orally or IV 1-10mg | 10mg tablet; 10mg/mL, 1mL ampoule       | 2 tablets; 1 ampoule        |   |
| Pralidoxime mesylate (at selected holding centres only or in DoH pods for major incident) | OP insecticides  | 30mg/kg over 5-10 min IV  | 200mg/mL, 5mL ampoule                   | 16 ampoules                 | √   |
| Sodium bicarbonate isotonic e.g. 1.26% or 1.4%  | Urinary alkalinisation   | 1L IV over 4 h, adjusted as necessary ( <i>NB monitor for hypokalaemia</i> )            | 1L                                      | 6L                          | √   |
| <b>The following drugs should be available within 4 hours</b>                             |  |   |   |                             |   |
| Antivenom European adder ( <i>Vipera berus</i> )  | European adder ( <i>Vipera berus</i> )   | 1 ampoule IV, repeated if necessary   | 10ml ampoule                            | 2 ampoules                  |   |
| Calcium folinate  | Methotrexate (MTX)   | Equal to dose of MTX given, if unknown 100mg/m <sup>2</sup> 6hrly                       | 3mg/mL, 1mL ampoule                     | 240 ampoules                | √   |
|   | Methanol, formic acid  | 1mg/kg orally or IV 6 hourly  | 3mg/mL, 1mL ampoule                     | 93 ampoules                 | √   |

**Appendix 1:- Guideline on Antidote Availability for Accident and Emergency Departments  
by British Association of Emergency Medicine and Guy's & St Thomas' Poisons Unit, June 2006**

| Drug   | Indication  | Adult dose   | Presentation <sup>1</sup>  | Quantity for 70kg adult/24h   | Discussion with a Poisons Unit strongly recommended |
|--|---|--|--|-------------------------------|---|
| Octreotide   | Sulphonylureas  | 50mcg SC or IV, repeated every 12 h if required  | 50mcg/mL, 1mL ampoule  | 2 ampoules                    | √   |
| <b>The following drugs are either not critically time dependent or rarely used &amp; could be held supra-regionally*</b>                                     |   |  |  |                               |   |
| Antivenoms for non-indigenous venomous animals**   | Significant envenomation, discuss with a Poisons Unit | Variable   | Various  | Various                       | √   |
| Berlin Blue Soluble (Prussian Blue) ( <i>Antidotum Thallii-Heyl</i> ®)   | Thallium  | Orally 250mg/kg/d in divided doses   | 500mg capsules   | 35 capsules                   | √   |
| Dimercaprol (BAL)  | Heavy metals  | 2.5-3mg/kg IM every 4 h for 2 days   | 50mg/mL, 2mL ampoule   | 13 ampoules                   | √   |
| Fomepizole   | Ethylene glycol, methanol                             | Loading dose 15mg/kg IV, then 10mg/kg every 12 hours for 4 doses, further doses dependant on toxic alcohol blood concentration | 5mg/mL, 20mL ampoule ( <i>Fomepizole OPi</i> ®)                              | 25 ampoules                   | √   |
| Pyridoxine (high dose injection)   | Isoniazid   | 1g per g of isoniazid ingested IV, max 5g (give up to 5g if history uncertain)   | 100mg/1mL, 10mL ampoule  | 5 ampoules                    | √   |
| Sodium calcium edetate   | Heavy metals (particularly lead)                      | Up to 40mg/kg IV twice daily for up to 5 days  | 200mg/mL, 5mL ampoule  | 6 ampoules                    | √   |
| Succimer (DMSA)  | Heavy metals (particularly lead)                      | Orally 10mg/kg tds for 5 days then 10mg/kg bd for 14 days  | 100mg capsules ( <i>Chemet</i> ®); 300mg from Guy's & St Thomas' Poison Unit | 100 300mg capsules (1 course) | √   |
| Unithiol (DMPS, <i>Dimaval</i> ®)  | Heavy metals (particularly mercury)                   | Acute: 250mg IV every 3-4 h initially.<br>Chronic: Orally 100mg tds depending on clinical condition                            | 50mg/mL, 5mL ampoules; 100mg capsules  | 8 vials<br>3 capsules         | √   |
| <b>* Antidotes &amp; advice on the management of poisoned patients are available 24 hours a day from Guy's &amp; St Thomas' Poisons Unit on 0870 2432241</b> |   |  |  |                               |   |
| <b>** also available from the pharmacy, Royal Liverpool Hospital on 0151 706 2000</b>  |   |  | <b><sup>1</sup>Note other preparations may be available</b>                  |                               |   |