

STOCKING GUIDELINES – ANTIDOTES FOR POISONING

Revised May 2024

Available Forms		Indications	Typical Dose	Stocking Level
Tier 1: Potentially life-saving, immediate access needed, multiple victims possible				
Atropine	1 mg/mL x 1 mL 0.4 mg/mL x 20 mL	Cholinesterase Inhibitors	1–5 mg/dose or more	275 mg
Hydroxocobalamin	5 g/vial kit	Cyanide	5 g, may repeat x1	10 kits
Naloxone	1 mg/mL x 2 mL 1 mg/mL x 10 mL	Opioids	0.4–2 mg or more	40 mg
Tier 2: Potentially life-saving, immediate access needed, usually single victims				
Deferoxamine	100 mg/mL x 5 mL	Iron	5–15 mg/kg/hour	36 g
Digoxin Immune Fab	40 mg/vial	Digoxin, Cardiac Glycosides	Call toxicologist for dosing	6 vials
Lipid Emulsion	20% x 500 mL	Local Anesthetics	LOAD: 300 mg/kg (1.5 mL/kg), may repeat MAINT: 5 mg/kg/min (0.025 mL/kg/min) x 60 min	1500 mL
Fomepizole	1 g/mL x 1.5 mL	Methanol, Ethylene Glycol; Acetaminophen meeting IPC guideline criteria	LOAD: 15 mg/kg x1 MAINT: 10 mg/kg every 12 hours x4, then 15 mg/kg every 12 hours	10 vials
Insulin	100 units/mL x 10 mL	Calcium Channel Blockers, Beta Blockers	LOAD: 1 unit/kg MAINT: 0.5–1 units/kg/hour, titrate to effect (max 10 units/kg/hour)	24 vials
Methylene Blue	5 mg/mL x 10 mL 10 mg/mL x 10 mL	Methemoglobinemia, Cardioactive Drugs	1–2 mg/kg, repeat as needed (max 7 mg/kg in 24 hours)	600 mg
Pyridoxine	100 mg/mL x 10 mL	Isoniazid, Theophylline	mg-for-mg (known amount) or 5 g (empiric), may repeat	10 g
Tier 3: Emergent, access needed within 4 hours				
N-acetylcysteine IV	20% x 30 mL	Acetaminophen	LOAD: 150 mg/kg over 60 min MAINT: 12.5 mg/kg/hour x4 hours, then 6.25 mg/kg/hour x 16 hours	60 g
N-acetylcysteine PO	20% x 10 mL 20% x 30 mL		LOAD: 140 mg/kg MAINT: 70 mg/kg every 4 hours x17	56 g
CroFab	10 mL/vial	North American Crotalids	4–6 vials for initial control, then 2 vials every 6 hours x3 (or as needed)	12 vials
Calcium Disodium EDTA	200 mg/mL x 5 mL	Lead	Adults: 50–75 mg/kg/day x 5 days Peds: 1–1.5 g/m ² /day x 5 days	5.25 g
Glucarpidase	1000 units/vial	Methotrexate	50 units/kg	5 vials
Octreotide	100 mCg/mL	Sulfonylureas	Adults: 50–100 mcg up to every 6 hours as needed Peds: 1 mCg/kg up to every 6 hours as needed (or 1 mcg/kg/hour)	300 mCg
Rivastigmine	1.5, 3, 4.5, 6 mg/capsule 4.6, 9.5, 13.3 mg/patch	Anticholinergics	Call toxicologist for dosing	3 x 9.5 mg patches
Succimer	100 mg/capsule	Lead, Arsenic, Mercury	10 mg/kg PO TID x 5 days, then 10 mg/kg PO BID x 14 days	3 g
Tier 4: Urgent but not emergent				
Leucovorin	10 mg/mL x 10 mL 10 mg/mL x 50 mL	Methotrexate, Methanol	Call toxicologist for dosing	1 g
Phytonadione	10 mg/mL x 1 mL	Vitamin K Antagonists	10 mg (or individualized)	100 mg
Uridine Triacetate	10 g/packet	5-Fluorouracil	10 g PO every 6 hours x20	40 g

Notes: All dosing regimens are intravenous (IV) unless specified otherwise. If dosing regimen is >24 hours, stocking level is set at amount needed for the first 24 hours. Tier 1 recommendations are based on estimated needs to treat five 100kg patients for 8 hours; all other tiers are based on one 100kg patient for 24 hours.

Disclaimer: This information is provided by the Indiana Poison Center (IPC) to assist hospitals in the care of poisoned patients. All stocking levels listed are guidelines only. It may be necessary and/or appropriate to individualize par levels based on facility size, level of care, drug shortages, and other factors. IPC cannot anticipate mass casualty events and cannot assume responsibility for the application of information contained in this document.

UNOBTAINABLE AND/OR DISCONTINUED ANTIDOTES

IPC recommends consulting the ASHP Drug Shortage List (<https://www.ashp.org/drug-shortages/current-shortages>) for the most up-to-date information.

- **Dimercaprol (BAL in Oil, British anti-Lewisite)**
Indication(s): Lead, arsenic, and mercury poisoning
Status: Unavailable; return to market not anticipated
Reason: single-source manufacturer that ceased operations in February 2023
Alternative(s): Succimer with or without calcium disodium EDTA
- **Glucagon for (intravenous) injection**
Indication(s): beta blocker poisoning
Status: Unavailable; remaining products are emergency kits containing auto-injectors or prefilled syringes
Reason: discontinued by manufacturer
Alternative(s): fluids, vasopressors, high-dose insulin, and/or ECMO
- **Physostigmine**
Indication(s): anticholinergic poisoning
Status: Unavailable; FDA is temporarily allowing importation of a German product (Anticholium®, NDC 81284-831-05) as an interim measure
Reason: single-source manufacturer that ceased operations in February 2023
Alternative(s): benzodiazepines, rivastigmine, supportive care
NOTE: If stocking Anticholium, note that the concentration is 2 mg in 5 mL (0.4 mg/mL) whereas the discontinued product was 1 mg/mL.