



222 S. Riverside Plaza
Suite 1900
Chicago, IL 60606
TDD 312-906-6185
Fax 312-627-8006
www.IllinoisPoisonCenter.org

Illinois Poison Center Antidote List
Uses and Suggested Minimum Stock Quantities
for Various Poison Antidotes
Illinois Poison Center 24-hour Hot line: 1-800-222-1222



Antidote	Poison/Drug/Toxin	Suggested Minimum Stock Quantity	Rationale/Comments
N-Acetylcysteine (Mucomyst,® Acetadote®)	Acetaminophen Carbon tetrachloride Other hepatotoxins	Oral product: 600 mL in 10 mL or 30 mL vials of 20% solution IV product: One carton of four 30 mL vials of 20% solution	Acetaminophen is the most common drug involved in intentional and unintentional poisonings. 600 mL (120 g) of the oral product provides enough to treat an adult for an entire 3-day course of therapy, or enough to treat 3 adults for 24 h. Several vials may be stocked in the ED to provide a loading dose and the remaining vials in the pharmacy for the q 4 h maintenance doses. 120 mL (24 g) of IV product will treat 1 adult patient for an entire 20-hour IV protocol.
Amyl nitrite, sodium nitrite and sodium thiosulfate (Cyanide antidote kit)	Acetonitrile Acrylonitrile Bromates (thiosulfate only) Chlorates (thiosulfate only) Cyanide (e.g., HCN, KCN and NaCN) Cyanogen chloride Cyanogenic glycoside natural sources (e.g., apricot pits and peach pits) Hydrogen sulfide (nitrites only) Laetrile Mustard agents (thiosulfate only) Nitroprusside (thiosulfate only) Smoke inhalation (combustion of synthetic materials)	One to two kits Each kit contains: Twelve 0.3 mL amyl nitrite ampules Two vials 3% sodium nitrite, 10 mL each Two vials 25% sodium thiosulfate, 50 mL each	Stock one kit in the ED. Consider also stocking one kit in the pharmacy. Note: This kit has a short shelf life of 24 months. Note: Stocking this kit may be unnecessary if an adequate supply of hydroxocobalamin is available.
Antivenin, Crotalidae Polyvalent (Equine Origin)	Pit viper envenomation (e.g., rattlesnakes, cottonmouths, timber rattlers and copperheads)	None	As of March 31, 2007, this product is no longer available from the manufacturer. See Antivenin, Crotalidae Polyvalent Immune Fab – Ovine in this chart.
Antivenin, Crotalidae Polyvalent Immune Fab – Ovine (CroFab®)	Pit viper envenomation (e.g., rattlesnakes, cottonmouths, timber rattlers and copperheads)	Four to six vials	Advised in geographic areas with endemic populations of copperhead, water moccasin, eastern massasauga, or timber rattlesnake. In low-risk areas, know nearest alternate source of antivenin. This product may have a lower risk of hypersensitivity reaction than previously marketed equine product. Average dose in pre-marketing trials was 12 vials but more may be needed. Stock in pharmacy. Store in refrigerator. Equine product is no longer available after March 31, 2007.
Antivenin, Latrodectus mactans (Black widow spider)	Black widow spider envenomation	Zero to one vial	Serious Latrodectus envenomations are rare. This product is only used for severe envenomations. Antivenin must be given in a critical care setting since it is an equine-derived product. Know the nearest source of antidote. Note: Product must be refrigerated at all times.



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Atropine sulfate	Alpha ₂ agonists (e.g., clonidine, guanabenz and guanfacine) Alzheimer drugs (e.g., donepezil, galantamine, rivastigmine, tacrine) Antimyesthenic agents (e.g., pyridostigmine) Bradycardia-producing agents (e.g., beta blockers, calcium channel blockers and digitalis glycosides) Cholinergic agonists (e.g., bethanechol) Muscarine-containing mushrooms (e.g., Clitocybe and Inocybe) Nerve agents (e.g., sarin, soman, tabun and VX) Organophosphate and carbamate insecticides	Total 100 to 150 mg Available in various formulations: 0.4 mg/mL (1 mL, 0.4 mg ampules) 0.4 mg/mL (20 mL, 8 mg vials) 0.1 mg/mL (10 mL, 1 mg ampules) Atropine sulfate military-style auto-injectors: (ATROPEN [®]): 2 mg/0.7 mL, 1 mg/0.7 mL, 0.5 mg/0.7 mL, 0.25 mg/0.3 mL (DuoDote [®]): Atropine Sulfate 2.1mg/0.7mL with Pralidoxime Chloride 600mg/2mL	The product should be immediately available in the ED. Some also may be stored in the pharmacy or other hospital sites, but should be easily mobilized if a severely poisoned patient needs treatment. Note: Product is necessary to be adequately prepared for weapons of mass destruction (WMD) incidents; the suggested amount may not be sufficient for mass casualty events. Auto-injectors are available from Bound Tree Medical, Inc. Drug stocked in chempack containers is intended only for use in mass casualty events.
Calcium disodium EDTA (Versenate [®])	Lead Zinc salts (e.g., zinc chloride)	One 5 mL amp (200 mg/mL)	Stock in pharmacy. One vial provides one day of therapy for a child. More may be needed in lead endemic areas. Important note: Edetate disodium (Endrate [®]) is not the same as calcium disodium EDTA, and is used primarily as an IV chelator for emergent treatment of hypercalcemia, etc.
Calcium chloride and Calcium gluconate	Beta blockers Calcium channel blockers Fluoride salts (e.g., NaF) Hydrofluoric acid (HF) Hyperkalemia (not digoxin-induced) Hypermagnesemia	10% calcium chloride: fifteen 10 mL vials 10% calcium gluconate: five 10 mL vials	Stock in ED. More may be stocked in pharmacy. Many ampules of calcium chloride may be necessary in life-threatening calcium channel blocker or hydrofluoric acid poisoning.
Deferoxamine mesylate (Desferal [®])	Iron	Twelve 500 mg vials	Stock in pharmacy. Note: Per package insert, the maximum daily dose is 6 g (12 vials). However, this dose may be exceeded in serious poisonings.
Digoxin immune Fab (Digibind [®] , Digifab [®])	Cardiac glycoside-containing plants (e.g., foxglove and oleander) Digitoxin Digoxin	Ten vials	Stock in ED or pharmacy. This amount (10 vials) may be given to a digoxin-poisoned patient in whom the digoxin level is unknown. This amount would effectively neutralize a steady-state digoxin level of 14.2 ng/mL in a 70 kg patient. More may be necessary in severe intoxications. Know nearest source of additional supply.
Dimercaprol (BAL in oil)	Arsenic Copper Gold Lead Lewisite Mercury	Two 3 mL ampules (100 mg/mL)	Stock in pharmacy. This amount provides two doses of 3 to 5 mg/kg/dose given q 4 h to treat one seriously poisoned adult or provides enough to treat a 15 kg child for 24 h.
Ethanol	Ethylene glycol Methanol	10% alcohol in D ₅ W was discontinued in 2004; 5% alcohol in D ₅ W was discontinued in 2007. However, 10% alcohol can be prepared from dehydrated alcohol and D5W. 180 ML of 100% Ethanol or equivalents. Consult PCC.	Stock in pharmacy. This amount provides enough to treat 2 adults with a loading dose followed by a maintenance infusion for 4 hours each. More alcohol or fomepizole will be needed during dialysis or prolonged treatment. 95% or 40% alcohol diluted in juice may be given po if IV alcohol is unavailable. Note: Ethanol is unnecessary if fomepizole is stocked. See also fomepizole in this chart.



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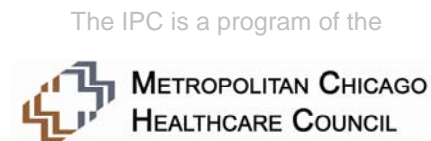


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Flumazenil (Romazicon®)	Benzodiazepines Zaleplon Zolpidem	Total 1 mg: two 5 mL vials (0.1 mg/mL)	Suggested minimum is for ED stocking. Due to risk of seizures, use with extreme caution, if at all, in poisoned patients. More may be stocked in the pharmacy for use in reversal of conscious sedation.
Folic acid and Folinic acid (Leucovorin)	Formaldehyde/Formic Acid Methanol Methotrexate, trimetrexate Pyrimethamine Trimethoprim	Folic acid: three 50 mg vials Folinic acid: one 50 mg vial	Stock in pharmacy. For methanol-poisoned patients with an acidosis, give 50 mg folinic acid initially, then 50 mg of folic acid q 4 h for six doses.
Fomepizole (Antizol®)	Ethylene glycol Methanol	Two 1.5 g vials Note: Available in a kit of four 1.5 g vials	Stock in pharmacy. Know where nearest alternate supply is located. One vial will provide at least one initial adult dose. Hospitals with critical care and hemodialysis capabilities should consider stocking one kit of four vials (enough to treat one patient for up to several days). Note: Product has a two-year shelf life; however, the manufacturer offers a credit for unused, expired product. Ethanol is unnecessary if adequate supply of fomepizole is stocked.
Glucagon	Beta blockers Calcium channel blockers Hypoglycemia Hypoglycemic agents	Fifty 1 mg vials	Stock 20 mg in ED and remainder in pharmacy. 50 mg provides approximately 5 to 10 h of high-dose therapy in life-threatening beta blocker or calcium channel blocker poisoning. A protocol using high doses of insulin/dextrose also may be considered. Consult regional PCC for guidelines.
Hydroxocobalamin (Cyanokit®)	Acetonitrile Acrylonitrile Cyanide (e.g., HCN, KCN and NaCN) Cyanogen chloride Cyanogenic glycoside natural sources (e.g., apricot pits and peach pits) Laetrile Nitroprusside Smoke inhalation (combustion of synthetic materials)	Two to four kits Each kit contains two 2.5 gm vials. Note: Diluent is not included in the kit.	Seriously poisoned cyanide patients may require 5-10 grams (1-2 kits). Stock two kits in ED. Consider also stocking two kits in the pharmacy. The product has a shelf-life of 30 months post-manufacture. Due to its favorable safety profile, this product may be used in a pre-hospital setting.
Hyperbaric oxygen (HBO)	Carbon monoxide Carbon tetrachloride Cyanide Hydrogen sulfide Methemoglobinemia	Post the location and phone number of nearest HBO chamber in the ED.	Consult IPC to determine if HBO treatment is indicated.
Methylene blue	Methemoglobin-inducing agents including Aniline dyes Dapsone Dinitrophenol Local anesthetics (e.g., benzocaine) Metoclopramide Monomethylhydrazine-containing mushrooms (e.g., Gyromitra) Naphthalene Nitrates and nitrites Nitrobenzene Phenazopyridine	Three 10 mL ampules (10 mg/mL)	Stock in pharmacy. This amount provides 3 doses of 1 to 2 mg/kg (0.1 to 0.2 mL/kg) for an adult patient.



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Nalmefene (Revex [®]) and Naloxone (Narcan [®])	ACE inhibitors Alpha ₂ agonists (e.g., clonidine, guanabenz and guanfacine) Coma of unknown cause Imidazoline decongestants (e.g., oxymetazoline and tetrahydrozoline) Loperamide Opioids (e.g., codeine, dextromethorphan, diphenoxylate, fentanyl, heroin, meperidine, morphine and propoxyphene)	Nalmefene: none required Naloxone: total 40 mg, any combination of 0.4 mg, 1 mg and 2 mg ampules	Stock 20 mg naloxone in the ED and 20 mg elsewhere in the institution. Note: Nalmefene has a longer duration of action but it offers no therapeutic advantage over a naloxone infusion.
D-Penicillamine (Cuprimine [®])	Arsenic Copper Lead Mercury	None required as an antidote. Available in bottles of 100 capsules (125 mg or 250 mg/capsule)	D-Penicillamine is no longer considered the drug of choice for heavy metal poisonings. It may be stocked in the pharmacy for other indications such as Wilson's disease or rheumatoid arthritis.
Physostigmine salicylate (Antilirium [®])	Anticholinergic alkaloid-containing plants (e.g., deadly nightshade and jimson weed) Antihistamines Atropine and other anticholinergic agents Intrathecal baclofen	Two 2 mL ampules (1 mg/mL)	Stock in ED or pharmacy. Usual adult dose is 1 to 2 mg slow IV push. Note: Duration of effect is 30 to 60 min.
Phytonadione (Vitamin K ₁) (AquaMEPHYTON [®] , Mephyton [®])	Indandione derivatives Long-acting anticoagulant rodenticides (e.g., brodifacoum and bromadiolone) Warfarin	Two 0.5 mL ampules (2 mg/mL) and ten 1 mL ampules (10 mg/mL) 5 mg tablets available in packages of 10, 14, 20, 30 and 100	Stock in pharmacy.
Pralidoxime chloride (2-PAM) (Protopam [®])	Antimyesthenic agents (e.g., pyridostigmine) Nerve agents (e.g., sarin, soman, tabun and VX) Organophosphate insecticides Tacrine	Six 1 g vials. Pralidoxime chloride military-style auto-injectors: 600 mg/2 mL (DuoDote [®]): Atropine Sulfate 2.1mg/0.7mL with Pralidoxime Chloride 600mg/2mL	Stock in ED or pharmacy. Note: Serious intoxications may require 500 mg/h (12 g/day). Product is necessary to be adequately prepared for weapons of mass destruction (WMD) incidents; the suggested amount may not be sufficient for mass casualty events. Auto-injectors are available from Bound Tree Medical, Inc. Drug stocked in chempack containers is intended only for use in mass casualty events.
Protamine sulfate	Enoxaparin Heparin	Variable, consider recommendation of hospital P&T Committee Available as 5 mL amps (10 mg/mL) and 25 mL vials (250 mg/25 mL)	Stock in pharmacy.
Pyridoxine hydrochloride (Vitamin B ₆)	Acrylamide Ethylene glycol Hydrazine Hydrazine MAOI's (isocarboxazid, phenelzine) Isoniazid (INH) Monomethylhydrazine-containing mushrooms (e.g., Gyromitra)	One hundred 1 mL vials (100 mg/mL vials)	Stock in ED or pharmacy. Usual dose is 1 g pyridoxine HCl for each g of INH ingested. If amount ingested is unknown, give 5 g of pyridoxine. Repeat dose if seizures are uncontrolled. Know nearest source of additional supply. For Ethylene glycol, a dose of 100 mg/day enhances the clearance of toxic metabolite.



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Sodium bicarbonate	Chlorine gas Hyperkalemia Serum Alkalinization: Agents producing a quinidine-like effect as noted by widened QRS complex on EKG (e.g., amantadine, carbamazepine, chloroquine, cocaine, diphenhydramine, flecainide, propafenone, propoxyphene, tricyclic antidepressants, quinidine and related agents) Urine Alkalinization: Weakly acidic agents (e.g., chlorophenoxy herbicides, chlorpropamide, methotrexate, phenobarbital and salicylates)	Twenty 50 mEq vials	Stock 10 vials in the ED and 10 vials elsewhere in the hospital.
Succimer (Chemet [®])	Arsenic Lead Lewisite Mercury	One bottle of 100 capsules (100 mg/capsule)	Stock in pharmacy. FDA approved only for pediatric lead poisoning, however it has shown efficacy for other heavy metal poisonings.



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Benzotropine mesylate (Cogentin®)	Medications causing a dystonic reaction	Quantity determined by institution. Available in tablets of 0.5 mg, 1 mg, 2 mg (Bottles of 100 or 1,000) and in 2 mg/mL injectable ampules.	Stock in pharmacy. See diphenhydramine also.
Botulinum antitoxin Bivalent (types AB) Trivalent (types ABE)	Food-borne botulism Wound botulism Botulism as a biological weapon Note: Not currently recommended for infant botulism	None. Product is stored at nine CDC regional centers (including the Chicago Quarantine). To obtain antitoxin, hospitals must call the Illinois Department of Public Health which contacts the CDC in Atlanta. The CDC can be reached at 1-800-CDC-INFO. Antitoxin for types ABE is available in 10 mL vials.	Antitoxin must be given in a critical care setting since it is an equine-derived product. Note: Product must be refrigerated at all times. In 2007, the CDC plans to stock a new less immunogenic despeciated heptavalent (types ABCDEFG) antitoxin product in the Strategic National Stockpile (SNS).
Bromocriptine mesylate (Parlodel®)	Medications causing neuroleptic malignant syndrome (NMS)	Quantity determined by institution. Available in 2.5 mg tablets or 5 mg capsules (Bottles of 30 or 100).	Stock in pharmacy. Bromocriptine is a centrally-acting dopamine agonist that reverses excessive dopamine blockade.
Centruroides Immune F(ab) ₂ – Equine (Anascorp®)	Scorpion envenomation by Centruroides sculpturatus, the most venomous scorpion in the U.S. Note: It is found in southeastern California, Arizona, Nevada, southern Utah, and southwestern New Mexico.	None	This product is manufactured in Mexico by the Instituto Bioclon. In the U.S., it is marketed by Rare Disease Therapeutics, Inc. It is not FDA approved, however, it is available as an investigational new drug. Currently, the product is distributed to zoos and venom banks only. Usual dose: 1-3 vials.
L-Carnitine (Carnitor®)	Valproic acid	Quantity determined by institution. Available as 330 mg and 500 mg tablets, 200 mg/ml IV solution and 100 mg/ml po solution.	L-Carnitine may be considered in severe valproate intoxication associated with elevated serum ammonia levels and/or hepatotoxicity. Doses of 100 mg/kg/day up to 2 grams a day po divided into 3 doses, or 150-500 mg/kg/day IV (maximum 3 grams daily) in 3 or 4 divided doses for a period of 3-4 days or until clinical improvement.
Cyproheptadine HCL (Periactin®)	Medications causing serotonin syndrome	Quantity determined by institution. Available in 4 mg tablets (Bottles of 100, 250, 500 and 1,000) and 2 mg/5 mL po solution.	Stock in pharmacy. Cyproheptadine HCL is a nonspecific 5-HT antagonist that has been used in the treatment of serotonin syndrome. Adult dose is 4 to 8 mg po repeated every 1 to 4 h until therapeutic effect is observed or maximum of 32 mg administered.



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Dantrolene sodium (Dantrium [®])	Medications causing neuroleptic malignant syndrome (NMS) Medications causing malignant hyperthermia	Quantity determined by institution. Available in 25, 50 and 100 mg capsules (Bottles of 100 or 500) and injectable 20 mg/vial form.	Stock in pharmacy. Dantrolene sodium inhibits calcium release from the sarcoplasmic reticulum of skeletal muscle and thereby reduces rigidity.
Diazepam (Valium [®])	Chloroquine and related antimalarial drugs Neuroleptic malignant syndrome (NMS) Serotonin syndrome	Quantity determined by institution. Available as 5 mg/mL injectables in 2mL Ampules, 2 ml disposable syringes, and 10 ml multidose vials. Diazepam military-style auto-injectors for nerve agent-induced seizures: 10 mg/2 mL.	Stock in ED and pharmacy. Diazepam is used in conjunction with epinephrine for patients with chloroquine toxicity (seizures, dysrhythmias, QRS widening, hypotension, circulatory collapse) or if the amount ingested is more than 5 g. Intravenous loading dose 2 mg/kg over 30 minutes. Maintenance dose of 1-2 mg/kg per day for 2 to 4 days. Diazepam is also used in poisoned and nonpoisoned patients as an anticonvulsant, muscle relaxant, and antianxiety agent. Note: Benzodiazepines are a mainstay in the treatment of NMS and serotonin syndrome. Adequate supply is necessary to be prepared for weapons of mass destruction (WMD) incidents. Auto-injectors are available from Bound Tree Medical, Inc.
Diphenhydramine HCL (Benadryl [®])	Medications causing a dystonic reaction	Quantity determined by institution. Available in 25 and 50 mg capsules (Bottles of 30, 100 or 1,000). Also in oral liquid formulation of 12.5 mg/5mL (4 ounce bottle) and 50 mg/mL injectable syringes.	Stock in pharmacy. In addition to its use as an anticholinergic agent, diphenhydramine is a widely used antihistamine in the management of minor or severe allergic reactions.
Fat Emulsion (Intralipid [®] , Liposyn II [®] , Liposyn III [®])	Local anesthetics and possibly other cardiac toxins (e.g. calcium channel blockers, cocaine, β -blockers, tricyclic antidepressants)	Quantity determined by institution. Available in 100mL of 20% emulsion.	Fat emulsion is an experimental therapy showing promise in the reverse of cardiac toxicity induced by local anesthetics and other cardiac toxins. Consider storage in pharmacy, emergency department, and possibly surgery units. Consultation with a regional poison control center toxicologist is advised. Initial dose: 1.5 mL/kg IV over 1 minute. Follow with infusion of 0.25 mL/kg/min over 30 minutes. Loading dose may be repeated once. Rate may be increased to 0.5 mL/kg/min for 60 minutes if blood pressure drops. Maximum total dose is 8 mL/kg.
Glycopyrrolate Bomide (Robinul [®])	Organophosphate insecticides Nerve agents	Quantity determined by institution. Available as 0.2mg/mL in vials of 1mL, 2mL, 5mL, and 20mL.	Glycopyrrolate is a quaternary ammonium antimuscarinic agent which may assist in the control of hypersecretions caused by acetylcholinesterase inhibition; and causes less tachycardia and CNS effects than atropine.



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Insulin and dextrose	Beta blockers Calcium channel blockers (diltiazem, nifedipine, verapamil)	Quantity determined by institution. Humulin R is available as 100 units/mL in a 1.5 mL cartridge and 10 mL bottle. Dextrose 50% in water is available in 50 mL ampules and syringes. Dextrose 25% is available in 10 mL vials and syringes for pediatric use.	In several anecdotal case reports, high dose insulin and dextrose therapy has reversed cardiovascular toxicity associated with calcium channel blocker overdose. Consider 10 units to 1 unit/kg regular insulin IV bolus (with 1 amp D ₅₀), then start a drip at 0.5 units/kg/hr (consider addition of D ₁₀ drip with insulin drip) and titration upward until an improvement in hypotension. High-dose therapy also may be effective in severe beta blocker toxicity.
Octreotide acetate (Sandostatin [®])	Sulfonylurea hypoglycemic agents (e.g., glipizide, glyburide)	Quantity determined by institution. Available in 1 mL ampules (0.05 mg/mL, 0.1 mg/mL, and 0.5 mg/mL) and 5 mL (1 mg/mL) multidose vials.	Stock in pharmacy. Octreotide acetate blocks the release of insulin from pancreatic beta cells that along with IV dextrose can reverse sulfonylurea-induced hypoglycemia.
Phentolamine mesylate (Regitine [®])	Catecholamine extravasation Intradigital epinephrine injection	Quantity determined by institution. Available as a 5 mg/vial powder with 1 mL diluent.	Stock in pharmacy. Phentolamine is an alpha adrenergic antagonist which will reverse vasoconstriction and peripheral ischemia associated with extravasation of adrenergic agents. When phentolamine is not available, consider using subcutaneous terbutaline sulfate (Brethine [®]).
Sodium nitrite	Hydrogen sulfide (H ₂ S)	At least one vial. Available as 3% sodium nitrite in 10 mL vial.	Nitrite therapy for H ₂ S poisoning is controversial. Seriously poisoned patients should receive nitrites within 1 hour of exposure. Sodium thiosulfate is not administered in H ₂ S poisoning. If the amyl nitrite/sodium nitrite/sodium thiosulfate kits are stocked, additional sodium nitrite vials may not be necessary.
Sodium thiosulfate	Bromates Chlorates Mustard agents Nitroprusside	Quantity determined by institution. Available in 100 mg/mL, 10 mL vials and 250 mg/mL, 50 mL vials.	Sodium thiosulfate may be used in conjunction with cisplatin to reduce toxicity of this chemotherapy agent. Sodium thiosulfate is found in the amyl nitrite/sodium nitrite/sodium thiosulfate kits; however, additional vials may be stocked.
Thiamine	Ethanol Ethylene glycol	Quantity determined by institution. Available as 100 mg/mL in 2 mL vials.	Parenteral thiamine precedes IV dextrose in patients with chronic ethanol abuse. Thiamine 100 mg every 6 hours enhances clearance of toxic metabolites of ethylene glycol.



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Calcium-diethylenetriamine pentaacetic acid (Ca-DTPA; Pentetate calcium trisodium injection) Zinc-diethylenetriamine pentaacetic acid (Zn-DTPA; Pentetate zinc trisodium injection)	Internal contamination with transuranium elements: americium, curium, plutonium	Quantity determined by institution. Supplied as 200 mg/ML, 5 mL ampules for IV or inhalation administration. The product is sponsored through Hameln Pharmaceuticals, GmbH, of Hameln, Germany. Distributed in the United States by Akorn, Inc.	Ca-DTPA and Zn-DTPA are available through the Strategic National Stockpile (SNS) and REAC/TS, Oak Ridge, Tennessee.
Potassium Iodide, KI tablets (Iostat, [®] Thyro-Block, [®] Thyrosafe [®]) KI liquid (Thyroshield [®] , SSKI [®])	Prevents thyroid uptake of radioactive iodine (I-131)	Quantity determined by institution. Available in 130 mg and 65 mg tablets, and PO solutions: 65 mg/mL (30 mL bottle) and 1 g/mL (30 mL and 240 mL bottle).	KI tablets and oral solution are non-prescription. The Illinois Department of Nuclear Safety makes KI tablets available to healthcare facilities and the general public located near nuclear reactors.
Prussian blue, ferric hexacyanoferrate (Radiogardase [®])	Radioactive cesium (Cs-137), radioactive thallium (Tl-201), and non-radioactive thallium	None recommended at the present time. Available in bottles of 30 capsules (500 mg/capsule). The product is manufactured by Haupt Pharma Berlin GmbH for distribution by HEYL Chemisch-pharmazeutische Fabrik GmbH & Co. KG, Berlin, Germany, and is available in the U.S. from Heyltex Corporation.	Prussian Blue is also available through the Strategic National Stockpile (SNS) and REAC/TS, Oak Ridge, Tennessee.