

Medication	Classification (antidote, reversal agent, rescue agent, antivenin, or vaccine)	Access Priority Tiers (Tier 1 = Immediate Access/Life Saving/Multiple Victims, Tier 2 = Immediate Access/Life Saving/Single Victim, Tier 3 = Emergency Access w/in 4 Hours, Tier 4 = Urgent Access Greater than 4 Hours, Tier 5 = May be emergent or urgent but should already be part of existing medication inventory for other indications)	Indication	Route	Minimum Quantity Needed to Treat One Patient over initial 24 hours (based on 100 kg or maximum dose, etc.)	Order Set or Clinical Protocol Recommended?	Notes
TARGETED THERAPIES							
activated charcoal	Antidote	2	general poisoning/overdose	PO	400 gm	No	
atropine sulfate inj	Reversal agent	1	nerve agents, organophosphates toxicity	IV	120-160 mg (15-20 vials)	No	Assuming that a patient would be treated with vials. Code syringes will also be available.
dantrolene inj (Ryanodex)	Rescue agent	2	malignant hyperthermia	IV	1000 mg	Yes	This is in addition to the 5 vials stocked in MH carts/box.
deferoxamine mesylate inj	Antidote	2	iron poisoning	IV	6 gm	No	Minimum quantity would reach the maximum recommended dose of 6 grams for one patient
digoxin immune Fab inj	Antidote	2	cardiac glycoside/ steroid toxicity	IV	20 vials	No	Minimum adequate to treat one patient
flumazenil inj	Reversal agent	2	benzodiazepines, zaleplon, zolpidem toxicity	IV	3-5 mg	No	
fomepizole inj	Antidote	2	ethylene glycol, methanol toxicity	IV	4.5 gm (3 vials)	Yes	
glucagon inj	Rescue agent	2	beta blockers, calcium channel blockers toxicity or hypoglycemia	IV	250 mg	Yes	Additional product may be removed from ADCs or borrowed from other institutions
hyaluronidase	Antidote	3	extravasation	Intradermal or subcutaneous	150-200 units (1 vial)	Yes	
hydroxocobalamin inj (Cyanokit)	Antidote	1	cyanide poisoning; inhalation injury	IV	2 kits	Yes	
l-carnitine inj	Rescue agent	4	Valproate-induced hyperammonemia or hepatic dysfunction	IV	15 gm (15 vials)	No	
leucovorin	Antidote, Rescue agent	4	methotrexate, methanol	IV	1 gm (1 vial)	Yes	
lipid 20% emulsion inj	Rescue agent	2	highly lipophilic drug overdose induced cardiac arrest (LAST)	IV	1500 mL	No	
methylene blue 0.5% inj	Antidote	2	methemoglobinemia	IV	400 mg	No	
N-acetylcysteine 20% inj (Acetadote)	Antidote	3	acetaminophen overdose	IV	60 gm	Yes	Minimum amount will treat 2 patients
N-acetylcysteine oral (Mucomyst)	Antidote	3	acetaminophen overdose	PO	133 gm	Yes	
naloxone inj	Reversal agent	2	opioid overdose, unknown poisoning with mental status depression	IV, IM, IN	40 mg	No	
phentolamine	Reversal agent	3	extravasation of vasoactive/vasopressor agents	Infiltration	20 mg	Yes	
physostigmine inj	Antidote	3	atropine and anticholinergic agents	IM, IV	4 mg	No	
pralidoxime inj	Antidote	1	nerve agents, organophosphates toxicity	IV, IM	18 gm	No	
pyridoxine inj	Antidote	2	isoniazid, hydrazine MAOI toxicity	IV	10 gm	No	
sodium nitrite/sodium thiosulfate	Antidote	1	cyanide poisoning; inhalation injury	IV	600 mg sodium nitrite 25 gm sodium thiosulfate	Yes	Alternative agent for use during hydroxocobalamin shortage; 2-component kit (stock 2 kits)
GENERAL USAGE							
calcium chloride inj	Rescue agent	5	fluoride or calcium channel blocking agent toxicity	IV	10 gm	No	Should be widely available
calcium gluconate, inj	Rescue agent	5	fluoride or calcium channel blocking agent toxicity	IV	30 gm	No	Should be widely available
dextrose inj (D50 vials)	Rescue agent	5	hypoglycemia	IV	250 gm (5 D50 vials)		Should be widely available

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dextrose inj (D10 bags)	Rescue agent	5	in combination with high-dose insulin therapy for beta blocking or calcium channel blocking agent toxicity	IV	12 L (12 D10 bags)	Yes	Should be widely available
folic acid inj	Rescue agent	5	methanol, methotrexate, ethanol	IV	300 mg	No	Should be widely available
glycopyrrolate inj	Reversal agent	5	neostigmine or pyridostigmine reversal; organophosphate toxicity	IV	1 mg	No	Should be widely available
insulin, regular inj	Rescue agent	5	beta blocking or calcium channel blocking agent toxicity	IV	2500 units	Yes	Should be widely available
neostigmine	Reversal agent	5	reversal of non-depolarizing neuromuscular blocking agents	IV	7 mg	No	Should be widely available
octreotide inj	Rescue agent	5	sulfonylurea-induced hypoglycemia	SUBQ, IV	400 mcg	Yes	Minimum for 4 doses, can only use a vial for one administration; should be widely available
phytonadione (Mephyton)	Reversal agent	5	vitamin K antagonists	IV, PO	10 mg	Yes	Should be widely available
protamine	Reversal agent	5	heparin reversal	IV	250 mg	Yes	Should be widely available
sodium bicarbonate inj	Rescue agent	5	TCA overdose	IV, Intraosseous	650 mEq (54.6 gm)	No	Should be widely available
sugammadex	Reversal agent	5	reversal of neuromuscular blocking agents (rocuronium and vecuronium)	IV	1600 mg	No	Should be widely available
thiamine inj	Rescue agent	5	prevention of Wernicke encephalopathy	IV (preferred), IM	1.5 gm	No	Should be widely available
UNIQUE CONSIDERATIONS (based on patient population/region)							
dimercaprol inj (BAL)	Antidote	3	lead, arsenic, mercury toxicity	IM	3000 mg	Yes	
edetate calcium disodium (EDTA)	Antidote	3	lead toxicity	IM, IV	3 gm	Yes	
glucarpidase	Antidote	3	methotrexate toxicity	IV	5000 units (5 vials)	Yes	High cost
succimer cap (DMSA)	Antidote	3	lead, arsenic, mercury toxicity	Oral	3000 mg (30 tablets)	Yes	
Uridine Triacetate	Antidote	4	5-FU overdose	Oral	40 gm (4 tablets)	Yes	
ANIMALS							
anti-venom, crotalidae (CroFab)	Antivenin	3	crotalid or copperhead envenomation	IV	18 vials		Initial dose may vary based on symptoms and recommendations from local poison control center or clinical toxicologist; in lieu of Anavip
anti-venom, crotalidae equine immune F(ab)2 (Anavip)	Antivenin	3	crotalid or copperhead envenomation	IV	14 vials		Initial dose may vary based on symptoms and recommendations from local poison control center or clinical toxicologist; in lieu of CroFab
anti-venom, scorpion (Anascorp)	Antivenin	3	scorpion envenomation	IV	5 vials		Initial dose may vary based on symptoms and recommendations from local poison control center or clinical toxicologist
rabies immune globulin	Antidote	3	rabies post-exposure prophylaxis	Local wound infiltration/IM	2000 units		
rabies vaccine	Vaccine	3	rabies post-exposure prophylaxis	IM	2.5 units/mL (1 vial)		Will have sufficient quantity on hand to transfer to outside clinic for follow-up doses

Pharmacy professionals and health-care organizations are encouraged to exercise their professional judgment in assessing and adapting these recommendations to meet the specific needs of their organizations. For further guidance for stocking recommendations based on local trends and for assistance with finding certain antidotes, contact your Poison Control Center at 1-800-222-1222.