

This chart is not a substitute for poison center consultation and recommendations
 Contact the Oklahoma Poison Center to determine need and dosing for antidotes in all cases (1-800-222-1222)

Antidote	Indication	Dosing Notes	Recommended Stocking <i>(Amount to treat one 100kg patient for 8 or 24 hours)</i>
Acetylcysteine IV (Acetadote®)	Acetaminophen Toxicity	IV: 150 mg/kg over 60 minutes → 50 mg/kg over 4 hours → 100 mg/kg over 16 hours *NOTE: IV acetylcysteine dose should be capped at 100 kg of body weight	8 H: 22 grams 24 H: 30 grams
Acetylcysteine PO (Mucomyst®)		PO: loading 140 mg/kg; then 70 mg/kg every 4 hours x 17 doses	8 H: 28 grams 24 H: 56 grams
Andexanet Alfa (Andexxa®)	Life-Threatening Bleeding Associated with Factor Xa Inhibitors	Bolus: 400 - 800 mg IV bolus at 30 mg/minute; followed by infusion: 4 - 8 mg/minute IV for 120 min. Contact poison center for management recommendations.	8 H: 800 mg 24 H: 800 mg
Atropine Sulfate	Cholinergic agents, Bradycardia, Nerve Agents, Organophosphate and Carbamate Insecticides	Adult: 1 - 2 mg (mild) OR 3 - 5 mg (severe) IV; Double every 3 - 5 minutes until secretions dry Child: 20-50 mcg/kg IV; Double every 3-5 min. as above (total dose range: 0.1 mg -0.5 mg)	8 H: 45 mg 24 H: 165 mg
Black Widow (<i>L. mactans</i>) Antivenom	Black Widow Spider Envenomation	1 vial (diluted) over 15 - 30 minutes; Production discontinued by manufacturer	8 H: 1 vial 24 H: 1 vial
Calcium Chloride*	Beta Blockers, Calcium Channel Blockers, Fluoride Salts, Hydrofluoric Acid (HF), Hyperkalemia, Hypermagnesemia	May be useful for a number of different ingestions. Contact poison center for dosing and management recommendations.	8 H: 10 grams 24 H: 10 grams
Calcium Gluconate*			8 H: 30 grams 24 H: 30 grams
Crotalidae Polyvalent Immune F(ab') ₂ (equine) (AnaVip®)	North American Pit Viper Envenomations (Copperheads, Cottonmouths, Rattlesnakes)	Initial dose: 10 vials IV; may repeat another 10-vials every 1 hour until initial control achieved Contact poison center for management recommendations.	8 H: 20 vials 24 H: 24 vials
Crotalidae Polyvalent Immune Fab (ovine) (CroFab®)	NOTE: Pediatric Antivenom Dose = Adult Dose	Initial dose: 4 - 6 vials in 250 mL NS IV over 1 hour; *NOTE: Increase initial dose to 8 - 12 vials for patients in shock or active bleeding. Contact poison center for management recommendations.	8 H: 12 vials 24 H: 18 vials
Cyproheptadine*	Serotonin Toxicity	Adult: 12 mg PO then 2 mg PO every 2 hours if patient remains symptomatic. Child: 0.25 mg/kg/day divided every 6 hours, maximum 12 mg/day *NOTE: May be crushed and administered via a nasogastric tube; Can be anticholinergic	8 H: 20 mg 24 H: 36 mg
Dantrolene*	Malignant Hyperthermia (Typically Due To Anesthetic Agents)	2.5 mg/kg IV; can repeat dose every 5 minutes as needed (max 10 mg/kg)	8 H: 800 mg 24 H: 2,000 mg
Deferoxamine Mesylate	Iron Toxicity	15 mg/kg/hour IV continuous infusion	8 H: 12 grams 24 H: 36 grams
Digoxin Immune Fab	Cardiac Glycoside (Digoxin) or Cardiac Steroid Toxicity	Dosing varies according to clinical condition; contact poison center for dosing	8 H: 15 vials 24 H: 15 vials
Ethanol (IV or PO)*	Methanol or Ethylene Glycol Toxicity Cofactors should also be given: - Methanol: folic acid or folinic acid - Ethylene Glycol: pyridoxine and thiamine	Maintain a serum ethanol concentration of approximately 150 mg/dL	8 H: 180 grams 24 H: 360 grams
Fomepizole (Antizol®)		15 mg/kg loading dose, then 10 mg/kg q 12 hours for 4 doses; then increase to 15 mg/kg q 12 hours *NOTE: Fomepizole is removed by dialysis; contact poison center for dosing adjustments in dialysis	8 H: 1.5 grams 24 H: 4.5 grams
Folinic Acid (Leucovorin)	Methotrexate or Methanol Toxicity	Methotrexate: 100 mg/m ² (2) IV over 15 - 30 minutes every 3 - 6 hours until methotrexate level is < 0.01 mcml/L; Methanol: 1 mg/kg IV over 30 - 60 minutes every 4 to 6 hours, maximum 50 mg/dose	8 H: 300 mg 24 H: 1 gram
Flumazenil (Romazicon®)	Benzodiazepine Toxicity (Also to reverse profound CNS depression caused by zolpidem, zaleplon, zopiclone, and eszopiclone)	0.1 - 0.2 mg IV over 15 - 30 secs; repeat as needed. Max dose: 3 mg (adult), 1 mg (peds)	8 H: 6 mg 24 H: 12 mg
Glucagon Hydrochloride*	Beta-Blocker Toxicity (NOTE: High incidence of vomiting; Glucagon is adjunctive treatment and not first line)	Adult: Initial dose 2 - 10 mg slow IV push over 1 - 2 min, then infusion of 1 - 15 mg/hour Child: 0.05 - 0.15 mg/kg (max 5mg) IV over 1 - 2 min	8 H: 90 mg 24 H: 250 mg
Glucarpidase (Voraxaze®)	Methotrexate Toxicity	50 units/kg IV bolus over 5 minutes. *NOTE: For severe methotrexate poisoning; Leucovorin must be available and administered before Glucarpidase	8 H: 5,000 units 24 H: 5,000 units
Hydroxocobalamin (CYANOKIT®)	Cyanide Toxicity	Adult: 5 g IV or IO infusion over 15 minutes; Peds: 70 mg/kg (max 5 g) IV or IO over 15 minutes *NOTE: A second dose may be administered depending upon severity and clinical response *NOTE: If hydroxocobalamin unavailable; Cyanide Antidote Kit containing amyl nitrite, sodium nitrite & thiosulfate can be used; contact poison center for dosing/management recommendations	8 H: 10 grams 24 H: 10 grams
Idarucizumab (Praxbind®)	Reversal of Dabigatran (Pradaxa®)	5 g IV for life-threatening bleeding; Contact poison center for management recommendations.	8 H: 5 grams 24 H: 5 grams
Levocarnitine*	Valproic Acid Induced Hepatotoxicity, Hyperammonemia or Encephalopathy	100 mg/kg IV over 30 minutes (max 6 g) followed by 15 mg/kg every 4 hours	8 H: 9 grams 24 H: 15 grams
Lipid Emulsion (IV)*	Local Anesthetic Systemic Toxicity (Also for serious hemodynamic or other instability i.e., status epilepticus or arrhythmia due to lipophilic drugs unresponsive to standard therapy)	Bolus: 1.5 mL/kg of 20% slow IV push (over 1 - 5 minutes); Can be repeated 1-2 times Infusion: 0.25 mL/kg/min of 20% as continuous infusion immediately following bolus for up to 60 min; decrease to 0.025 mL/kg/min after 3 - 5 min to ensure minimal effective amount administered *NOTE: Infusion should be discontinued after 1 hr Max dose: 10 - 12 mL/kg/day (Use adjusted body weight for morbidly obese)	8 H: 1,250 mL 24 H: 1,250 mL
Methylene Blue	Methemoglobinemia, Vasoplegic Shock	1 - 2 mg/kg (max 100 mg) IV over 5 - 30 minutes; Neonate: 0.3 - 1 mg/kg IV over 5 - 30 minutes	8 H: 400 mg 24 H: 600 mg
Naloxone Hydrochloride	Opioid Toxicity	Adult: 0.4 - 2 mg IV, IM, subQ or IO; Peds: 0.01 mg/kg IV, IM, subQ, or IO; Intranasal: 3 - 8 mg	8 H: 20 mg 24 H: 40 mg
Octreotide*	Sulfonylurea-Induced Hypoglycemia	Adult: 50 - 100 mcg subQ or IV every 6 - 12 hours OR 50 - 125 mcg/hr IV continuous infusion Child: 1 mcg/kg (max 50 mcg/dose) subQ every 6 hours OR 1 mcg/kg/hour IV continuous infusion	8 H: 75 mcg 24 H: 225 mcg
Physostigmine	Anticholinergic Delirium	Adult: 1 - 2 mg IV over at least 5 minutes; Peds: 0.02mg/kg (max 0.5mg) IV over at least 5 min. May repeat every 10 - 30 min until response; have atropine & cardiac monitor at bedside *NOTE: National shortage; Rivastigmine may be potential alternative	8 H: 4 mg 24 H: 4 mg
Potassium Iodide (KI) Oral Solution (SSKI®, Iosat®, ThyroSafe®)	Prevents Radioactive Iodine Absorption By Thyroid After Nuclear Radiological Release	Contact poison center for dosing and management recommendations.	8 H: 130 mg 24 H: 130 mg
Pralidoxime Chloride (2-PAM)	Organophosphates and Nerve Agents	Adult: 30 mg/kg (max 2 g) IV over 30 min; Maintenance: 8 - 10 mg/kg/hr (max 650 mg/hr) IV Child: 20 - 40 mg/kg (max 2 g) IV over 30-60 min; Maintenance: 10 - 20 mg/kg/hr IV	8 H: 7 grams 24 H: 18 grams
Protamine sulfate	Reversal of Coagulopathy Induced by Unfractionated or Low-Molecular-Weight Heparins	25 - 50 mg IV over 15 minutes; give slowly in doses not to exceed 50 mg in any 10-minute period; 1 mg protamine neutralizes 100 heparin units or 1 mg enoxaparin. Amount of protamine required decreases over time as heparin is metabolized; Contact poison center for recommendations.	8 H: 400 mg 24 H: 1.2 grams
Prothrombin Complex Concentrate (Kcentra®, Balfaxar®)	Coagulation Factor Deficiency Induced by Vitamin K Antagonists, Xa inhibitors or Direct Thrombin Inhibitors	Individualize dosing based on severity of disorder, INR, extent and location of bleeding, and clinical status. Contact poison center for management recommendations.	8 H: 5,000 IU 24 H: 5,000 IU
Prussian Blue (Radiogardase®)	Internal Contamination with Thallium or Cesium	Adult: 1 - 3 grams by mouth 3 times daily; Child < 2 years: 150 - 250 mg/kg/day by mouth in 2 to 4 divided doses; Child 2 to 12 years: 1 gram by mouth 3 times daily	8 H: 12.5 grams 24 H: 25 grams
Pyridoxine Hydrochloride	Isoniazid, Hydrazine, Ethylene Glycol Toxicity	Isoniazid Toxicity: 1 g per g of INH ingested (max 5 g) IV at 0.5 g/min OR 70 mg/kg (max 5 g) IV; may be repeated 1 time; Ethylene Glycol Toxicity: 50 mg IV every 6 hours	8 H: 8 grams 24 H: 24 grams
Rivastigmine*	Anticholinergic Delirium	Useful to manage central anticholinergic effects not controlled by benzodiazepines; Available as a tablet and a patch; Contact poison center for dosing and management recommendations.	Not Established
Sodium Bicarbonate	Alkalinization, Agents Producing Wide QRS	Bolus: 1 - 2 mEq/kg IV Infusion: 100 - 150 mEq IV in 1 L D5W (rate will vary) *NOTE: May cause intracellular potassium shift; consider adding potassium to each liter of D5W	8 H: 15 (50mEq) vials 24 H: 20 (50mEq) vials
Sodium Nitrite 3% (30 mg/mL)	Hydrogen Sulfide (H ₂ S) Toxicity	Adult: 300mg (10mL) IV over 2 - 4 minutes; Child: 0.2 mL/kg IV over 2 - 4 minutes	8 H: 600 mg 24 H: 600 mg
Succimer (DMSA, Chemet®)	Lead, Arsenic, Mercury Poisoning	10 mg/kg by mouth 3 times daily for 5 days, then 10 mg/kg by mouth twice daily for 14 days; *Contact poison center for further management recommendations.	8 H: 1 gram 24 H: 3 grams
Thiamine	Ethylene Glycol Toxicity	100 mg IV daily; *NOTE: treatment for alcohol-induced Wernicke encephalopathy requires a higher dose 200-500 mg IV 3 times/day for 2-7 days, then 250 mg IV daily for 3-5 days, then oral therapy	8 H: 500 mg 24 H: 1.5 grams
Vitamin K1 (Phytonadione)	Reversal of Coagulopathy Induced by Vitamin K Antagonists (e.g. Warfarin)	MAJOR BLEEDING (Adult): 5 - 10 mg by slow IV injection with prothrombin complex concentrate Vitamin K deficiency (Neonate): 0.5 - 1 mg SUBQ, IM, or IV	8 H: 50 mg 24 H: 100 mg

*Indication listed on package insert does not include its antidotal use
 Dart RC, Expert Consensus Guidelines PMID: 28669553