

January 2017

**Royal College of Emergency Medicine and National Poisons Information Service
Guideline on Antidote Availability for Emergency Departments**

Dear Colleagues

We have enclosed with this letter the updated Royal College of Emergency Medicine (RCEM) and National Poisons Information Service (NPIS) guideline for the stocking of antidotes by Emergency Departments in the UK which replaces the February 2014 update to the December 2013 guideline.

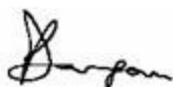
The main changes since the 2013/14 guideline are:

- Addition of Intralipid 20% to the Immediate Antidote List. This is recommended for the management of severe systemic local anaesthetic toxicity only and it is advised that clinicians discuss all cases with NPIS before administering intralipid.
- Addition of Idarucizumab to the list of antidotes to be available within one hour. This is recommended for the management of dabigatran related active bleeding – advice on its use should sought from local haematologists and NPIS.
- Clear identification of fomepizole as the agent of choice for ethylene glycol or methanol toxicity, in view of the difficulty in maintaining and monitoring ethanol infusions. Ethanol should only be held if fomepizole is not available.
- Removal of Dimercaprol and Penicillamine from the Supra-regional Antidote List.
- Overview of the new arrangements for the supply of anti-venoms for non-indigenous venomous animals by Movianto UK on behalf of Public Health England.

A 2014 audit of antidote stocks in England, Wales and Northern Ireland showed improvement in the stocking of antidotes on the Immediate List and those recommended for availability within one hour [Bailey G et al. *Eur J Hosp Pharm* 2016;23:145-150]; there were particular improvements in the stocking of fomepizole (available in over 73% of hospitals compared to only 16% of hospitals in 2010). However, there remains significant variation in the availability of antidotes on the supra-regional antidote list. We recognise that there no nationally agreed arrangements for the supply of antidotes on this supra-regional antidote list and the update RCEM/NPIS antidote guideline recommends that hospitals should ensure that local arrangements are in place for the supply of these antidotes.

Antidotes form an important component of the management of the poisoned patient and it is important that they are available in a timely fashion to ensure optimum care of these patients. We would urge you to work with your pharmacy department to ensure that you implement this guideline. A further audit of antidote stocks is planned during 2018. We hope that you find this guideline useful. If you have any comments we would be happy to receive these at mail@toxbase.org.

Yours faithfully



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