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| --- | --- |
| Drug | Antidote |
| Acetaminophen | N-acetylcysteine |
| Anticholinergics | Physostigmine |
| Benzodiazepines | Flumazenil |
| Beta blockers | Glucagon |
| Ca channel blockers | Insulin , Ca salts |
| Carbon monoxide CO | Oxygen |
| Digitalis | Digoxin FaB antibodies (Digibind) |
| Iron | Deferoxamine |
| Lead and other heavy metals | EDTA |
| Opioids | Naloxone |
| Organophosphate | Atropine , pralidoxime |
| Aspirin , TCA | Na bicarbonate |
| Heparin | Protamine sulfate |
| Warfarin | Vit . K |
| Insulin | Glucose |
| Methanol | Ethanol |
| Mg sulfate | Ca gluconate |
| Penicillin | Epinephrine |
| Barbiturate | Charcoal |
| Cyanide | Amyl nitrate |
| SSRI | Cyproheptadine |

**Common drugs and their antidotes**

\*opioid poisoning :

1- respiratory depression

2- CNS depression

3- myosis (pinpoint pupil)

\*Gastric Lavage GL is effective in 1st hour after ingestion , while charcoal can be used after 1 hour . ( If the ingested agent has a delayed gastric emptying we can use GL even after 1 hour)

\*contraindications of GL and activated charcoal >> caustics and hydrocarbons

\*Side effect of charcoal >> constipation

\*TCA poisoning : (3C)

1-coma

2-CNS (convulsion)

3-cardiac(prolonged QRS )

\*Antidote for SSRI >> cyproheptadine

\*Rumack-matthew nomogram is done hours after ingestion for paracetamol poisoning

\*Oral N-acytelcysteine is better than I.V

\*In late stage poisoning or if patient didn't respond to antidote >> liver transplant

\*No toxicity for folic acid

\*No max dose for atropine (just stop if there is atropinization > increased RS secretions)

\*Tx of anaphylactic shock >> epinephrine

\*Paracetamol toxic dose in chronic users is 1/2 that of non chronic users = 75 mg/kg