**Common Drugs and Antidotes**

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| Antidote | Indication | Mode of action | Contraindication | EMS consideration |
| Acetylcysteine (Mucomyst) | Acetaminophen/ Tylenol/ Paracetamol | Restores depleted glutathione stores and protects against renal and hepatic failure. | Known hypersensitivity | The odor of solution is very unpleasant. Be prepared for vomiting. Acetylcysteine increases secretions. Monitor respiratory status. |
| Activated charcoal | Non-specific poisons except cyanide, iron, lithium, caustics and alcohol | Absorption of drug in the gastric and intestinal tracts. Interrupts the entero-hepatic cycle with multiple dose. | Known hypersensitivity. Activated charcoal is contraindicated in patients who do not have an intact or protected airway. Otherwise, There are not known contraindications. | Activated charcoal binds with syrup of ipecac, rendering it ineffective. |
| Amyl nitrite | Cyanide poisoning | Amyl nitrite promotes formation of methemoglobin, which combines with cyanide to form nontoxic cyanmethemoglobin. | Otherwise, There are not known contraindications for cyanide poisoning. | Access vital signs frequently. Amyl nitrite is the first step in a three-step treatment protocol for cyanide poisoning. After the administration of amyl nitrite, administer sodium nitrite, followed by sodium thiosulfate |
| Naloxone (Narcan) | Opioid analgesics | Prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension. | Known hypersensitivity. | The duration of action of naloxone is shorter than that of narcotics. Therfore, repeat dose of naloxone may be necessary. Monitor vital signs and ECG continuously. |
| Hydroxocobalamin | Cyanide | Forms cyanocobalamin, a non-toxic metabolite that is easily excreted through the kidneys. | Known hypersensitivity. Use with caution in patients with kidney dysfunction. | If any other drugs are administrated, they should be given through a separate IV line. |
| Phentolamine (Regitine) | Dopamine | Regitine produces an alpha-adrenergic block of relatively short duration. It also has direct, but less marked, positive inotropic and chronotropic effects on cardiac muscle and vasodilator effects on vascular smooth muscle. | Known hypersensitivity, should not be given to patients with coronary or cerebral arteriosclerosis, or to the patients with kidney impairment. | Monitor BP, Pulse, and ECG frequently until patient is stable. |
| Pralidoxime | Organophosphate poisoning, anticholinesterase inhibitor | Competitive inhibition of muscarinic receptors. | Known hypersensitivity, should not be given to patients who have been positioned by inorganic phosphate. | Draw a blood sample before drug administration. Rapid administration may cause tachycardia, laryngospasm, or muscle rigidity. |

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