

Common Drugs and Antidotes

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. Therefore, 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 administered, 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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