Dear Colleagues

We have enclosed with this letter the updated 2021 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 2017 guideline. These guidelines are also available on TOXBASE and the RCEM Clinical Guidelines website.

The main changes since the 2017 guideline are:

1. Formal arrangements are now in place for the supply of Category C Antidotes.
   - Prussian Blue, Sodium Calcium Edetate, Succimer (DMSA) and Unithiol (DMPS) are held in eight holding centres as shown in the map overleaf
   - Botulinum Antitoxin and Pralidoxime are available from separate holding centres overseen by the Health Security Agency (HSA)
   - Glucarpidase and Uridine Triacetate are supplied by WEP Clinical
   - Use of Category C antidotes should always be discussed with NPIS and/or a Consultant Clinical Toxicologist who will be able to provide contact details to arrange the supply of these antidotes

2. Cyanide antidotes: removal of Sodium Nitrite and Dicobalt Edetate; the recommended cyanide antidotes are Sodium Thiosulphate and Hydroxocobalamin

3. Addition of Andexanet Alpha (Category B) for the reversal of anticoagulation from Apixaban or Rivaroxaban in adults with life-threatening or uncontrolled gastrointestinal bleeding

4. Addition of Disodium Follinate (Category B) as an alternative to Calcium Follinate for administration of Folinic Acid in Methotrexate or Methanol poisoning

5. Addition of L-Carnitine (Category B) for severe Sodium Valproate toxicity

6. Addition of Viperfav (Category B) for European Adder (Vipera berus) as an alternative to ViperaTAB

7. Addition of Uridine Triacetate (Category C) for severe 5-Fluorouracil or Capecitabine toxicity

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. A 2018/19 audit of UK antidote stocks showed that less than half of hospitals are fully compliant with stocking recommendations for Category A and B antidotes. We would urge you to work with your pharmacy department to ensure that you implement this guideline focusing particularly on stocking of Category A and B antidotes.

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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Chair Antidote Guideline Group

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Chair NPIS Clinical Standards Group
Category C Antidote Holding Sites in England

<table>
<thead>
<tr>
<th>Hospital/Location</th>
<th>Trust/Location</th>
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</thead>
<tbody>
<tr>
<td>St Thomas’ Hospital, Guy’s and St Thomas’</td>
<td>NHS Foundation Trust, London</td>
</tr>
<tr>
<td>The Royal Sussex County Hospital, University Hospitals</td>
<td>Sussex NHS Foundation Trust, Brighton</td>
</tr>
<tr>
<td>Derriford Hospital, University Hospitals Plymouth NHS</td>
<td>Trust, Plymouth</td>
</tr>
<tr>
<td>Addenbrooke’s Hospital, Cambridge University</td>
<td>Hospitals NHS Foundation Trust, Cambridge</td>
</tr>
<tr>
<td>City Hospital Birmingham, Sandwell and West</td>
<td>Birmingham NHS Trust, Birmingham</td>
</tr>
<tr>
<td>Salford Royal Hospital, Salford Royal NHS Foundation</td>
<td>Trust, Salford</td>
</tr>
<tr>
<td>St James’s University Hospital, The Leeds Teaching</td>
<td>Hospitals NHS Trust, Leeds</td>
</tr>
<tr>
<td>The Royal Victoria Infirmary, The Newcastle upon Tyne</td>
<td>Hospitals NHS Foundation Trust, Newcastle</td>
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