



Poison HOTLINE

1-800-222-1222

July 2021



Did you know

Although the inert ingredients are not directly responsible for the action of a pesticide product, they may still be highly toxic. For example, some liquid pesticides may contain hydrocarbons, which can be aspirated when ingested. Toxicity will vary according to how the inert ingredient is taken into the human body (i.e. swallowed, inhaled, or dermal exposure).

Inert ingredients are not required by law to be listed on the product label unless the ingredient has been determined to be "highly toxic", in which case the label must also show either the percentage contained in the product or if the manufacturer considers the ingredient to be a "trade secret".

Call **1-800-222-1222** for treatment recommendations for all product ingredients.

Alternative IV NAC dosing

Acetaminophen (APAP) is a commonly used analgesic and antipyretic agent and is also one of the most common causes of poisoning and overdose. APAP is safe and effective at the recommended therapeutic doses, but if used in excess it can cause severe liver injury and even kidney damage.

N-acetylcysteine (NAC) is the antidote for APAP toxicity and is indicated to prevent or lessen hepatic injury of a potentially toxic amount of APAP. To maximize effectiveness, NAC therapy should be started within 8 hours of an APAP ingestion and administered ASAP for patients who present more than 8 hours after ingestion.

Various dosing regimens are being studied and include:

1. **FDA Approved Protocol:** The 21-hour (**3 bag**) IV NAC protocol is a loading dose of 150 mg/kg over 1 hour, followed by an infusion of 50 mg/kg over 4 hours, and finally an infusion of 100 mg/kg over 16 hours.
 - a. The IPCC may recommend higher NAC dosing for the third infusion based on high APAP levels. Evidence shows that standard doses of NAC can be inadequate in the context of massive poisoning (>25-35 grams) or high APAP levels (>300-400 mcg/mL).
2. **Two-bag IV NAC Protocol:** There are several two-bag protocols, one popular one being 200 mg/kg infused over 4 hours followed by 100 mg/kg infused over 16 hours. This regimen has a decreased incidence of non-allergic anaphylactic reactions and GI adverse events from NAC therapy.
3. **One-bag IV NAC Protocol:** An initial bolus of 150 mg/kg over 1 hour is given. After the bolus is complete, a single rate change to an infusion of 12.5 mg/kg/h (from the same bag) continues until the patient meets clinical and laboratory criteria for cessation of antidotal therapy.

Near the end of the dosing regimen, obtain an APAP level, ALT/AST, creatinine and INR. If acetaminophen levels are still detectable, or if the ALT/AST are still increasing or the INR remains elevated, NAC dosing should be continued. It is essential to prevent interruptions in therapy in cases requiring prolonged treatment with NAC.

The take-home message: NAC regimens continue to evolve. Call the IPCC at 1-800-222-1222 for the most up-to-date recommendations.

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