



# Poison HOTLINE

1-800-222-1222

July 2018



## Did you know .....

Dabs, wax, butane hash oil (BHO) or 710 – “OIL” rotated upside down – are terms for marijuana concentrates. These highly concentrated forms of tetrahydrocannabinol [THC] are very trendy now, but they are **not** the same as *synthetic* THC homologs such as K2 or Spice.

Marijuana wax or dab is a sticky, yellow or honey-like substance derived from the marijuana plant but has several times the concentration of THC compared to the original plant material. The high potency can lead to severe hallucinogenic effects.

These THC concentrates can be smoked in bong, hookahs, vape pens and e-cigarettes. Heating the concentrate in an e-cigarette or vape pen can make the vapors odorless and smokeless, thus easy to conceal.

## When Antidotes Are in Short Supply

When treating a poisoned patient, providers are quick to investigate the use of potential therapies and antidotes. What are providers' options, however, when an antidote or therapy is in short supply or unavailable? How do antidote shortages occur and are there shortages right now that health care providers need to be aware of?

One cause for antidotes having reduced availability is increased cost. For example, calcium disodium EDTA, a chelator used to treat severe lead poisoning, increased in price from \$900 per 5-gram treatment in 2012 to almost \$27,000 per treatment in 2014. This has significantly reduced its ready availability for treating severely lead-poisoned patients. Another common cause for antidote shortages is manufacturing delays.

When a first-line choice of a therapy or antidote is unavailable, oftentimes there is an alternative that can be used. Sodium bicarbonate is frequently used to treat overdoses of sodium channel blocking drugs, and for serum and urinary alkalization. When sodium bicarbonate is not available, sodium acetate can be substituted on a 1:1 ratio.

As of the end of June, 2018, the following antidotes have had a nationwide shortage (indications in parentheses):

- N-Acetylcysteine **Oral** 20% (acetaminophen, other hepatotoxins)
- Atropine sulfate (organophosphate & carbamate insecticides)
- Calcium chloride and calcium gluconate (fluoride, calcium channel blockers)
- Deferoxamine mesylate (acute iron poisoning)
- Diazepam (seizures, severe agitation, stimulant toxicity)
- Fomepizole (methanol or ethylene glycol poisoning)
- Leucovorin (methotrexate)
- Methylene Blue (methemoglobinemia)
- Octreotide acetate (sulfonylurea-induced hypoglycemia)
- 4-Factor Prothrombin Complex Concentrate (Factor Xa Inhibitors)
- Sodium bicarbonate (sodium channel blocking drugs; serum and urine alkalization)

For suggested stocking, substitutions, and dosing of these or any antidote, call the Iowa Poison Control Center 24/7 to speak with any one of our specialists.

*Grant J. Houselog, PharmD, CSPI  
Certified Specialist in Poison Information*

*Hotline Editor: Edward Bottei, MD, FCCP, FACMT*

Post and share this edition of **Poison Hotline** with your colleagues. Send comments or questions to Poison Hotline, 712-234-8775 (fax) or [Tammy.Noble@UnityPoint.org](mailto:Tammy.Noble@UnityPoint.org). To subscribe or unsubscribe from this distribution list, contact the IPCC education office at 712-279-3717. Read past issues of **Poison Hotline** at [www.iowapoisn.org](http://www.iowapoisn.org).

**POISON**  
**Help**  
**1-800-222-1222**