

Antidote Stockholdings - WA Health - Metropolitan Hospitals

INDICATION	ANTIDOTE	STRENGTH or TYPE	East Metropolitan Health Service						CAHS		South Metropolitan Health Service						North Metropolitan Health Service						ADDITIONAL INFORMATION		
			Armadale		RPH		SJOJ Midland		PCH		Fiona Stanley		Fremantle	PEEL		Rockingham		JOONDALUP HC		KEMH		OsPkHosp		SCGH	
			ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED / ICU	PHARMACY	ED	PHARMACY	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	PHARMACY		ED	PHARMACY
Snake Bite	Antivenom	Black	-	-	1	-	1	-	1 (ICU)	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
		Brown	1	1	1	1	2	1	1 (ICU)	-	2	1	1	8	-	1	1	1	1	-	-	-	1	1	
		Death Adder	-	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
		Polyvalent	-	-	2	-	-	-	1 (ICU)	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
		Tyson	1	1	1	1	2	-	1 (ICU)	-	2	1	1	4	-	1	1	2	1	-	-	-	1	1	
Spider Bite	Antivenom	Redback	1	1	2	2	4	-	1 (ED)	-	2	1	8	-	1	1	1	1	-	-	-	2	1		
		Funnel Web	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Marine Bite	Antivenom	Sea Snake	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
		Stonefish	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Methanol or (Ethylene) Glycol Poisoning	Ethanol Injection	100% Amp/vial	Nil	Nil	Nil	Nil	Nil	-	U	ICU 30x5mL	30x5mL	NA	-	-	ICU 30x5mL	0	NA	NA	NA	NA	NA	NA	NA	NA	
Drug-Induced Methaemoglobinemia	Methylene blue	1%, 5mL	2	10	10	U	10	5 (ED) 5 (Theatre)	15	10	U	10	10 (ED) 15 (Theatre)	15	10	U	-	2 general stock	10 (Theatre)	20	20 (Pharmacy) 10 (Theatre) 4 (Proc1+2)	2	U		
Cyanide Poisoning	Sodium thiosulfate	25g/100mL	-	-	-	-	-	-	-	2	U	-	-	-	2	-	-	-	-	-	-	-	-		
		2.5g/10mL	-	-	10	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	U	
		Hydroxocobalamin	5g vial	-	-	3	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-	
Isoniazid Poisoning	Pyridoxine	100mg/mL	-	-	-	-	-	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
		250mg/5mL	-	-	20	60	-	-	-	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	
Digoxin Toxicity	Digoxin Immune Fab DigiFab®	40mg	5	5	15	10	1	-	6	15	-	-	6	-	4	4	4	2(ICU)	-	-	-	15	7		
Dabigatran reversal agent	Idarucizumab	2.5g/ 50mL	-	-	2	-	-	-	-	4	-	-	2	-	-	-	-	-	-	-	-	2	4	U	
Heavy Metal Poisoning	Dimercaprol (BAL)	200mg/2mL	-	-	36	U	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65		
		Calcium disodium edetate (EDTA-Ca)	500mg/10mL	-	-	10	U	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	10	
		Succimer (DMSA)	100mg, 200mg	-	-	30 x 200mg	60 x 200mg	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	U	
Iron Overload/Poisoning	Desferrioxamine	500mg	-	-	10	10	-	-	10	10	U	-	-	10	10	-	2 x 2g Desferal	-	-	-	10	-	10		
Organophosphate Poisoning	Pralidoxime	500mg/20mL	-	-	20 (ED) 10 (ICU)	10	5	5	5 (ICU)	-	20 (ED) and 10 in ICU	-	-	-	30	-	5	-	-	-	-	20 (ED) 20 (ICU)	5		
Suspected Paraquat Poisoning	Paraquat test Kit (Sodium Bicarbonate / Sodium Dithionite)	1 Kit	-	-	6 kits	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Anticholinergic Delirium	Physostigmine	2mg Ampoule	-	-	4	U	5	-	-	5	4	U	-	-	-	-	-	-	-	-	-	4	U		
Hydrofluoric Acid Burns	Calcium Gluconate Gel	2.5%, 50g	-	-	20	2	2	2	4	10	20	U	1	1	8	6	-	3 general stock	-	-	-	1	-		
		10%, 10mL	10	10	U	U	10	10	U	10	10	U	10	40	10	20	-	10 general stock	-	80	10	10	20		
Lipid Soluble Drug Overdose	Intralipid	20%, 500mL	1	2	2	U	1	1	2 (ED) 2 (Theatre)	2	U	1	5 (ED) 2 (Theatre)	3	2	2	1	1 general stock	-	1 (Theatre)	2 (Pharmacy) 2 (Theatre) 1 (Birming suite)	1	U		

Acronyms & Symbols	Interpretation
<VALUE> e.g. 10	For 'Pharmacy' column, value = Minimum number of units kept in the Main Store For 'ED' column, value = Imprest level defined in 1 Pharmacy for ED, or the stated location
U	Usual stock at the stated location, however amount varies - Quantity is Unspecified
ED	Emergency Department
ICU	Intensive Care Unit
BAL	British Anti Lewisite
EDTA	Ethylenediaminetetraacetic acid
DMSA	Dimercaptosuccinic acid
NA	Indicates No Information held for this item at this site

Notes Dependent on local site policy, items stored within Pharmacy locations may not be accessible after hours unless Pharmacy personnel are recalled to the hospital.

Disclaimer "Information presented on the WA Critical Medicines List is for general guidance only.

The stockholding values on the WA Critical Medicines List are provided as a general indication of quantity. Actual quantities held at an individual site will vary due to usage, stock expiration and supply issues. For more information about actual stock at any particular time, and access to stock in emergency situations, please contact the individual site.

The information on the WA Critical Medicines List is reviewed and endorsed by the WA Toxicology Service. The list is provided by the State of Western Australia as general guidance only and must not be relied on or used as a substitute for seeking advice from a qualified health practitioner. It is the user's responsibility to verify the accuracy, currency, reliability and correctness of the information."

Antidote Stockholdings - WA Health - Regional Hospitals

INDICATION	ANTIDOTE	STRENGTH OF TYPE	Product Status	Wheatbelt South & South West										Midwest				Goldfields				Kimberley				Pilbara			
				ALBANY		BUNBURY		BUSSELTON		NARROGIN		NORTHAM		GERALDTON		CARNARVON		ESPERANCE		KALGOORLIE		BROOME		KUNUNURRA		PORT HEDLAND		KARRATHA	
				ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY
Snake Bite	Antivenom	Black	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Brown	2	2	2	2	1	1	1	1	2	2	1	1	1	1	1	1	2	2	2	2	1	1	2	2	1	1	
		Death Adder	-	-	-	1	-	-	-	-	1	1	1	-	-	1	1	-	1	1	1	1	1	-	1	1	1	1	1
		Polyvalent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	
		Taipan	NOT STOCKED - USE POLYVALENT ANTIVENOM																										
Spider Bite	Antivenom	Redback	1	1	2	2	1	1	2	2	2	-	-	2	-	2	-	-	2	1	1	2	-	2	-	2	-		
		Funnel Web	NOT STOCKED IN WA HEALTH FACILITIES																										
Marine Bite	Antivenom	Sea Snake	-	1	1	1	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	1	-	1	-	1	-		
		Box Jellyfish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	6	6	6	6	6		
		Stonefish	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-		
Drug-Induced Methaemoglobinemia	Methylene blue	1%, 5mL	-	U	U	U	U	-	-	-	-	1	U	U	U	U	U	U	3	U	2	U	U	U	U	U			
Cyanide Poisoning	Sodium thiosulfate	25g/100mL	SAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-			
		2.5g/10mL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
		Hydroxo- cobalamin	2.5g vial	SAS	-	-	1(ICU)	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-			
Isoniazid Poisoning	Pyridoxine	100mg/mL	SAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
		250mg/5mL	SAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Digoxin Toxicity	Digoxin Immune Fab	40mg DigiFab®	-	2	5	5	3	1	-	-	-	-	5	-	-	-	-	-	3	5	-	-	-	5	-				
Dabigatran Reversal Agent	Idarucizumab	2.5 g/50 mL	-	-	2	2	2	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-				
Heavy Metal Poisoning	Dimercaprol (BAL)	100mg/2mL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
		Calcium disodium edetate (EDTA-Ca)	500mg/10mL	SAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
		Succimer (DMSA)	100mg	SAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Iron Overload/Poisoning	Desferrioxamine	500mg	-	10	5 (2g x 2)	-	-	-	-	10	10	-	1	10	-	-	-	10	-	10	-	-	10(HDU)	-	10				
Organophosphate Poisoning	Pralidoxime	500mg/20mL	5	5	-	5	-	-	-	-	-	-	-	-	5	-	-	5	5	-	5	-	5	-					
Anticholinergic Delirium	Physostigmine	2mg/2mL	SAS	-	-	5 (ICU)	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Hydrofluoric Acid Burns	Calcium Gluconate Gel	2.5%, 50g	2	U	-	-	-	-	-	-	-	-	6	U	-	-	-	3	5	4	2	1	-	4	8				
		1g/10mL	20	10	U	U	-	-	-	10	U	10	-	U	U	U	U	5	U	8	U	U	-	4	U				
Lipid Soluble Drug Overdose	Intralipid	20%, 500mL	-	U	1 (ED) 2(Theatre)	3	-	-	1	U	1	U	-	U	U	U	-	U	U	U	-	-	U	U					

Acronyms & Symbols	Interpretation	Notes
<VALUE> e.g. 10	For 'Pharmacy' column, value = Minimum number of units kept in the Main Store For 'ED' column, value = Imprest level defined in iPharmacy for ED, or the stated location	Dependent on local site policy, items stored within Pharmacy locations may not be accessible after hours unless Pharmacy personnel are recalled to the hospital. Stockholdings are shown for regional resource centres only. Smaller sites may hold stock not shown in this table. Please refer to iPharmacy program or Pharmacy staff for detailed information
U	Usual stock at the stated location, however amount varies - Quantity is Unspecified	Disclaimer "Information presented on the WA Critical Medicines List is for general guidance only.
ED	Emergency Department	The stockholding values on the WA Critical Medicines List are provided as a general indication of quantity. Actual quantities held at an individual site will vary due to usage, stock expiration and supply issues.
ICU	Intensive Care Unit	For more information about actual stock at any particular time, and access to stock in emergency situations, please contact the individual site.
BAL	British Anti Lewisite	The information on the WA Critical Medicines List is reviewed and endorsed by the WA Toxicology Service. The list is provided by the State of Western Australia as general guidance only and must not be relied on or used as a substitute for seeking advice from a qualified health practitioner. It is the user's responsibility to verify the accuracy, currency, reliability and correctness of the information."
EDTA	Ethylenediaminetetraacetic acid	
DMSA	Dimercaptosuccinic acid	
SAS	Special Access Scheme	

Antidote Administration Guidelines

INDICATION	ANTIDOTE	STRENGTH	DOSEAGE & ADMINISTRATION	ADDITIONAL INFORMATION	
Snake Bite	Antivenom	Black	<ul style="list-style-type: none"> Dilute 1 vial in 500mL sodium chloride 0.9%. Give IV over 20 minutes¹. Dilute 1 vial in 500mL sodium chloride 0.9%. Give IV over 20 minutes¹. Antivenom may be given as a rapid IV push if patient is haemodynamically unstable or in cardiac arrest¹. 	Dilute one vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
		Brown	<ul style="list-style-type: none"> Dilute 1 vial in 500mL sodium chloride 0.9%. Give IV over 20 minutes¹. Antivenom may be given as a rapid IV push if patient is haemodynamically unstable or in cardiac arrest¹. 	Dilute one vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
		Death Adder	<ul style="list-style-type: none"> Dilute 1 vial in 500mL sodium chloride 0.9%. Give IV over 20 minutes¹. 	Dilute one vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
		Polyvalent	<ul style="list-style-type: none"> Dilute 1 vial in 500mL sodium chloride 0.9%. Give IV over 20 minutes¹. Antivenom may be given as a rapid IV push if patient is haemodynamically unstable or in cardiac arrest¹. 	Dilute one vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
		Taipan	USE POLYVALENT ANTIVENOM		
		Tiger	<ul style="list-style-type: none"> Dilute 1 vial in 500mL sodium chloride 0.9%. Give IV over 20 minutes¹. Antivenom may be given as a rapid IV push if patient is haemodynamically unstable or in cardiac arrest¹. 	Dilute one vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
Spider Bite	Antivenom	Redback	<ul style="list-style-type: none"> Dilute 1 to 2 vials in 100mL of sodium chloride 0.9%. Give IV over 20 minutes¹. Intramuscular injection of undiluted antivenom is equally effective¹. 	Dilute one vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
		Funnel Web	<ul style="list-style-type: none"> Reconstitute each vial freeze-dried antivenom with 10mL Water For Injections. Dilute 2 ampoules in 100mL sodium chloride 0.9%. Give IV over 20 minutes¹. 	Not currently stocked at any WA Health facility	
Marine Bite	Antivenom	Sea Snake	<ul style="list-style-type: none"> Dilute 1 vial in 500mL of sodium chloride 0.9%. Give IV over 20 minutes¹. Antivenom may be given as a rapid IV push if patient is haemodynamically unstable or in cardiac arrest¹. 	Dilute 1 vial 1:10 in Hartmann's solution & give by slow IV infusion ² .	
		Stonefish	<ul style="list-style-type: none"> Administer 1 vial for every two spine puncture wounds (to a maximum of 3 ampoules), undiluted, by IM injection¹. Alternatively the vial(s) may be diluted in 100mL sodium chloride 0.9%. Give IV over 20 minutes¹. Antivenom may be given as a rapid IV push if patient is haemodynamically unstable or in cardiac arrest¹. 		
Drug-Induced Methaemoglobinemia	Methylene blue	1%, 5mL	<ul style="list-style-type: none"> Administer 1-2mg/kg (0.1-0.2mL/kg of 1% solution) IV slowly over 5 minutes^{1,3}. Flush with sodium chloride 0.9%. Can repeat dose after 30-60 minutes if required¹. 	<ul style="list-style-type: none"> G6PD deficiency - lack of NADPH causes methylene blue to be ineffective¹. Dose adjustment may be necessary in renal impairment^{1,3}. 	
Cyanide Poisoning	Sodium thiosulfate	2.5g/10mL	<ul style="list-style-type: none"> Administer 12.5g (50mL of 25% solution) IV over 10 minutes^{1,3,4}. Dose may be repeated after 30 minutes if necessary¹. 		
	Hydroxocobalamin	5g vial*	<ul style="list-style-type: none"> Reconstitute 5g with 200mL sodium chloride 0.9% provided in the kit, using the supplied sterile transfer device. (Glucose 5% can be used if Sodium Chloride solution unavailable) Rock or invert the vial for at least 60 seconds to mix - DO NOT SHAKE as the contents may foam. Prime the infusion set provided with the solution. Administer as an intravenous infusion over 15 minutes. Repeat the procedure with additional vial if required^{1,5}. 	<ul style="list-style-type: none"> previous SAS stock may be 2.5g A second dose of 5g may be required if poisoning is severe. Rate of infusion for second dose ranges from 15 minutes to 2 hours based on patient condition. Max recommended dose is 10g⁵. 	
Dabigatran - reversal of anticoagulant effect	Idarucizumab	2.5g/ 50mL	<p>Please refer to the Statewide Medicines Formulary Advisory Note: Restricted: idarucizumab for reversal of anticoagulant effect of dabigatran. Idarucizumab is given as 2 doses of 2.5 grams by intravenous bolus injection over 5 – 10 minutes per dose. The two doses should be administered no more than 15 minutes apart.</p> <ul style="list-style-type: none"> Administer 1g pyridoxine for each gram of Isoniazid ingested, up to a max dose of 5g. If dose ingested is unknown, give 5g pyridoxine empirically¹. Give as a slow IV infusion at 0.5g/minute until seizures stop or infusion is complete. The remainder of the dose may then be given over 4 hours¹. 		
Isoniazid Poisoning	Pyridoxine	100mg/mL	<ul style="list-style-type: none"> Administer 1g pyridoxine for each gram of Isoniazid ingested, up to a max dose of 5g. If dose ingested is unknown, give 5g pyridoxine empirically¹. Give as a slow IV infusion at 0.5g/minute until seizures stop or infusion is complete. The remainder of the dose may then be given over 4 hours¹. 	Benzodiazepines are given concomitantly, as they have a synergistic effect ¹ .	
Digoxin Toxicity	Digoxin Immune Fab (DigiFab®)	40mg	<ol style="list-style-type: none"> Reconstitute each vial of digoxin immune fab with 4mL water for injections. Swirl the vial(s) gently to mix the contents. DO NOT SHAKE. Draw up all vial contents into a syringe. Inject contents of syringe into a 100mL sodium chloride 0.9% bag. Infuse over 30 minutes^{1,2,6}. <p>NB: Can be given as an IV bolus over 3 to 5 minutes if cardiac arrest is imminent⁴.</p>	See Manufacturer's Product Information for determining the number vials required, according to either serum digoxin level or calculation/estimation of the amount of digoxin ingested.	
Heavy Metal Poisoning	Dimercaprol (BAL)	200mg/2mL*	<p>Inorganic Arsenic or Mercury Poisoning</p> <ol style="list-style-type: none"> Give 3mg/kg by IM injection every 4 hours for 48 hours, then Give 3mg/kg by IM injection every 12 hours for 7-10 days¹. <p>Lead Encephalopathy</p> <ul style="list-style-type: none"> Commence dimercaprol 4 hours before commencing EDTA Give 4mg/kg by IM injection every 4 hours for 5 days¹. 	Formulated in peanut oil Contraindicated in peanut allergy	
	Calcium disodium edetate (EDTA-Ca)	500mg/10mL	<p>Lead Encephalopathy</p> <ul style="list-style-type: none"> Dilute 50-75mg/kg in 500mL sodium chloride 0.9% or glucose 5% and infuse over 24 hours starting 4 hours after the first dose of dimercaprol¹. <p>Lead Poisoning without Encephalopathy</p> <ul style="list-style-type: none"> Dilute 25-50mg/kg in 500mL sodium chloride 0.9% or glucose 5% and infuse over 24 hours starting 4 hours after first dose of dimercaprol¹. 	ampoule or vial size may vary depending on availability (via SAS)	
	Succimer (DMSA)	100mg	<ul style="list-style-type: none"> Oral capsule. Start at 10mg/kg tds for 5 days then 10mg/kg bd for 14 days¹. 		
Iron Overload/Poisoning	Desferrioxamine	500mg	<ul style="list-style-type: none"> Reconstitute 500mg powder with 5mL Water for Injection. Dilute in 100mL sodium chloride 0.9% or glucose 5%. Administer IV at an initial dose of 15mg/kg/hour^{1,3,4}. Reduce infusion rate if hypotension occurs Rate may be increased up to 40mg/kg/hr in life-threatening toxicity 	<ul style="list-style-type: none"> Avoid prolonged infusion >24hours¹. Caution - Consider reduced dose in renal impairment - refer eTG and seek expert advice. Consider cardiac Monitoring⁷. Note that desferrioxamine can interfere with iron assays. Urine may appear orange-red due to chelated iron⁷. 	
Organophosphate Poisoning	Pralidoxime	500mg/20mL	<p>Initial Dose</p> <ul style="list-style-type: none"> Dilute 2g (4x500mg vials) in 100mL sodium chloride 0.9% and give over 15 minutes¹. <p>Continuous Infusion</p> <ul style="list-style-type: none"> After administering the initial dose, dilute 6g (12x500mg vials) in 500mL of sodium chloride 0.9% and administer at a rate of 500mg/hr (42mL/hour) as a continuous infusion¹. 		
Anticholinergic Delirium	Physostigmine	2mg ampoule*	<ul style="list-style-type: none"> Give 0.5-1mg IV as a slow push over 5 minutes. Dose may be repeated every 10 minutes until desired effect is achieved¹. 	ampoule size may vary depending on availability (via SAS)	
Hydrofluoric Acid Burns	Calcium Gluconate Gel	2.5%, 50g	<ul style="list-style-type: none"> Apply gel topically to the affected area. If gel is not available, it may be prepared by mixing 10mL of 10% calcium gluconate injection with 30mL of lubricant jelly¹. 		
	Calcium Gluconate	1g/10mL			
Lipid Soluble Drug Overdose	Intralipid	20%, 500mL	<ol style="list-style-type: none"> Give 1-1.5mL/kg of 20% emulsion as an IV bolus over 1 minute (may be repeated once or twice at 3-5 minute intervals if required, then Infuse 0.25mL/kg/min until haemodynamic stability is restored. <p>Dose may be increased to 0.5mL/kg/min if hypotension persists¹.</p>		
Methanol or (ethylene) Glycol Poisoning	Ethanol Injection	100% Dehydrated Ethanol (Alcohol) 5mL	<p>Seek the advice of a Toxicologist (dosing is complex; several factors need to be considered when calculating the requirement)</p> <ul style="list-style-type: none"> Administration/Dilution: Preferred: Dilute to 10% for administration via central line (100mL ethanol 10% diluted in 1000mL glucose 5%) If central access not available: Dilute to 5% for administration via peripheral line (50mL ethanol 10% diluted in 1000mL glucose 5%) Loading Dose 8mg/kg of a 10% Ethanol solution¹ Maintenance Dose 1-2mL/kg/hr of a 10% Ethanol Solution¹, according to blood alcohol levels 	<p>Nasogastric administration is equally effective as IV. Monitor for CNS depression. Monitor BSL's in paediatric or diabetic patients^{1,4}</p> <p>Maintenance dose is extremely variable, doses outlined are a guide only and dose should be adjusted to blood ethanol levels¹</p> <p>Monitor blood ethanol levels regularly (1-2 hourly)¹</p> <p>Maintain blood ethanol levels at 22-33mmol/L or 100-150mg/dL¹</p> <p>Ethanol blocks metabolism of methanol and glycols to noxious metabolites, until they can be eliminated by alternative pathways⁴</p>	
Methanol or Ethylene Glycol Poisoning	Fomepizole	1.5g/1.5mL	<ul style="list-style-type: none"> Administration Instructions. Give each dose as a 30 minute IV infusion diluted to at least 100mL Glucose 5% or Sodium Chloride 0.9%¹. Loading dose of 15 mg/kg, followed by doses of 10 mg/kg every 12 hours for 4 doses Maintenance Dose 15mg/kg every 12 hours until methanol or ethylene glycol blood concentrations are undetectable⁴ or 20mg/dL². Doses need to be given more frequently (ie. every 4 hours) during dialysis.^{1,2} 	The product is a colourless to yellow liquid. May solidify at temperatures below 25 Degrees - this does not affect its stability ² . Gentle warming in the hands or warm water before use will return it to liquid form ¹ .	

NB: Seek expert advice for paediatric dosing and administration

References:

- Murray L, Little M, Pasco O, Hoggett K. Toxicology Handbook, 3rd Edition. Marrickville (NSW): Elsevier Australia; 2015.
- UBM Medica. UBM Medica. Sydney. MIMSONline Last Accessed November 2019.
- Micromedex Healthcare Series, DRUGDEX® System [Intranet database]. IBM Watson Health /Truven Health Analytics; updated periodically [Cited 28/08/2012] Available from: RPH Library.
- Burridge N, Symons K, editors. Australian Injectable Drugs Handbook, 7th Edition. Collingwood: The Society of Hospital Pharmacists of Australia; 2017
- Product Information: CYANOKIT(R) IV injection, hydroxocobalamin IV injection. Dey LP, Napa CA. Contained within Downloadable PDF. Updated Dec 2018.
- Product Information: DigiFab® - Digoxin Immune Fab (ovine). Phebra.
- Therapeutic Guidelines - Accessed November 2019

Hartmann Solution may also be referred to as Compound Sodium Lactate Solution for Injection or Infusion.

REGIONAL HIV POST-EXPOSURE PROPHYLAXIS AVAILABILITY

DISCLAIMER

The information below is a general indication of if a site routinely holds a particular product. Actual quantities held at an individual site will vary due to usage, stock expiration and supply issues.

For more information about actual stock at any particular time, and access to stock in emergency situations, please contact the individual site.

		DUAL PEP	ADDITIONAL AGENTS	
		Tenofovir 300mg/ Emtricitabine 200mg	Dolutegravir 50mg	Raltegravir 400mg
ALBANY	ED	✓	✓	
BUNBURY	ED	✓	✓	
BUSSELTON	ED	✓		
NARROGIN	ED	✓		
NORTHAM	ED	✓		
GERALDTON	ED	✓		
CARNARVON	ED	✓		
ESPERANCE	ED	✓		
KALGOORLIE	ED	✓		✓
BROOME	ED	✓		✓
KUNUNURRA	ED	✓		
PORT HEDLAND	ED	✓		✓
KARRATHA	ED	✓		

WA Dantrolene Stockholding and Contacts

Hospital	Quantity	Location	Contact Numbers	
			Business Hours	After Hours
Albany	36	Theatre	Pharmacy (08) 9892 2269	Clinical Operations Manager (08) 9892 2266 pager 129
Armada/Kelmscott	36	Theatre	Pharmacy (08) 9391 2040	Area Manager (08) 9391 2000
Bentley	20	Theatre	Pharmacy (08) 9334 3765	After Hours Nurse 9334 3666
Bridgetown	24	Theatre	Switch (08) 9782 1222	Nurse Co-ordinator (via switch) (08) 9782 1222
Broome Regional	36	Theatre	Pharmacy (08) 9194 2823	Nurse Manager (via switch) (08) 9194 2222
Bunbury Regional	24 12 - 24	Theatre Pharmacy	Switch (08) 9722 1000	After Hours Coordinator (via switch) (08) 9722 1000
Busselton	24	Theatre	Switch (08) 9754 0333	After Hours Manager (via switch) (08) 9754 0333
Carnarvon	36	Theatre	Pharmacy (08) 9941 0436	Switch (08) 9941 0555
Christmas Island	30	Theatre	Switch (08)9164 8333	After Hours Nurse (via switch) (08)9164 8333
Collie	24	Theatre	Switch (08) 9735 1333	Switch (08) 9735 1333
Derby	36	Theatre	Switch (08) 9193 3333	Clinical Nurse Manager (08) 9193 3333
Esperance	48	Theatre	Switch (08) 9071 0888	After Hours Manager (via switch) (08) 9071 0888
Fiona Stanley Hospital	24 each 12	Theatre POD 1 and POD 2 Emergency Obstetric Theatre	Switch (08) 6152 2222	On Call Pharmacist (via switch) (08) 6152 2222
Fremantle	24 24	Theatre Pharmacy	Pharmacy (08) 9431 2777	On Call Pharmacist (08) 9431 3333
Geraldton Regional	36	Theatre	Pharmacy (08) 9956 2234	After Hours Supervisor (08) 9956 2222
Hollywood	12 6	Theatre ICU	Pharmacy (08) 9389 3500	Page Nurse Manager (08) 9080 5888
Joondalup	24	Theatre (Emergency trolley)	Pharmacy	Theatre Manager (08) 9400 9400 or 0421 114 749
Glengarry	12		(Pharmacy 9257 8205)	
Kalamunda Day Surgery Unit Part-time Variable	24 x 50mg	Theatre	(Pharmacy 9257 8205)	(Palliative ward is the only 24 hour ward - N.Manager 92578167)
Kalgoorlie	24 12	Theatre Pharmacy	Pharmacy (08) 9080 5655	After Hours Manager (via switch) (08) 9080 5888
Katanning	24	Theatre (in malignant hyperthermia box in resus room)	Theatre (08) 9821 6823	Switch and state location of dantrolene (08) 9821 6222
King Edward Memorial	24	Theatre	Pharmacy (08) 6458 1871	On Call Pharmacist (08) 6458 2222 or 0424 140 634
Kununurra Hospital	36	Theatre	Switch (08) 9166 4222	Nurse Manager (via switch) (08) 9166 4222
Margaret River	24	Theatre	Switch (08) 9757 0400	Switch (08) 9757 0400
Narrogin	24	Theatre	Pharmacy (08) 9881 0440	Senior Nurse (08) 9881 0333
Nickol Bay (Karratha)	36	Theatre	Theatre (08) 9143 2270	After Hours Manager (08) 9143 2365
Northam	24	Theatre	Switch (08) 9690 1300	ED Co-ordinator (via switch) (08) 9690 1300
Osborne Park	24	Theatre	Pharmacy (08) 9346 8148	After Hours Nurse Manager 9346 8000 pg 113
PEEL (Mandurah)	24	Theatre	Switch (08) 9531 8000	Clinical Nurse Manager (via switch) (08) 9531 8000
Port Hedland	36	Theatre	Pharmacy (08) 9174 1334	On Call Pharmacist (via switch) (08) 9174 1000
Perth Children's Hospital	36	Theatre	Pharmacy (08) 6456 0190	Theatre or on call pharmacist (via switch) (08) 6456 2222
Rockingham	36	Theatre	Pharmacy (08) 9599 4041	Nurse Manager Via Switch (08) 9599 4000
Royal Perth Hospital	18 18	Theatre East Theatre West	Pharmacy (08) 9224 2478	On Call Pharmacist (via switch) (08) 9224 2244
Sir Charles Gardiner	42	Theatre	Pharmacy (08) 9346 2333	On Call Pharmacist (via switch) (08) 9346 3333
St John of God Geraldton	12	Theatre	Pharmacy (08) 9965 8895	After Hours Manager (via switch) (08) 9965 8895
St John of God Midland	24	Theatre	Pharmacy 08 6109 2200	After Hours 08 9462 5140
St John of God Murdoch	12	Theatre Emergency trolley	Pharmacy (08) 9310 0777	After Hours Nurse Manager (08) 9366 1352
St John of God Subiaco	24	Theatre	Pharmacy (08) 9382 6324	On Call Pharmacist (08) 9382 6111
The Mount	36	Theatre	Theatre and Recovery (08) 9483 4660 or (08) 9483 2825	After Hours Manager (08) 9481 1822
Warren (Manjimup)	24	Theatre	Switch (08) 9777 0300	After Hours Nurse (via switch) (08) 9777 0300

Notes

Dependent on local site policy, items stored within Pharmacy locations may not be accessible after hours unless Pharmacy personnel are recalled to the hospital.

Anti Malaria - Metropolitan Hospitals only

INDICATION	ANTIDOTE	STRENGTH or TYPE	East Metropolitan Health Service						CAHS		South Metropolitan Health Service						North Metropolitan Health Service						ADDITIONAL INFORMATION				
			Armadale		RPH		SJOG Midland		PCH		Fiona Stanley		Fremantle		PEEL		Rockingham		JOONDALUP HC		KEMH			OsPkHosp		SCGH	
			ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED/ICU	PHARMACY	ED	PHARMACY	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED	PHARMACY	ED		PHARMACY	PHARMACY	ED	PHARMACY
AntiMalarial	Artesunate Injection	60mg		NII	12	12	30	NII	20	6 (ICU)	-	12	12	0	12	-	0	0	NA	NA	NA	NA	NA	NA	20	These items are listed to assist staff on site, and no advice is sought or required from WA Toxicology for this product. Artesunate is available via the Special Access Scheme.	
	Quinine Injection	600mg/10mL		NII	NII	10 (ICU)	NII	NII	NII	-	-	ICU x 10	10	NA	-	-	0	0	NA	NA	NA	NA	NA	0	0		
These items are displayed to assist staff on site, and no advice is sought or required from WA Toxicology for this product.																											

Acronyms & Symbols	Interpretation
<VALUE> e.g. 10	For 'Pharmacy' column, value = Minimum number of units kept in the Main Store For 'ED' column, value = Imprest level defined in Pharmacy for ED or the stated location
U	Usual stock at the stated location, however amount varies - Quantity is Unspecified
ED	Emergency Department
ICU	Intensive Care Unit
NA	Indicates No Information held for this item at this site

Notes Dependent on local site policy, items stored within Pharmacy locations may not be accessible after hours unless Pharmacy personnel are recalled to the hospital.

Disclaimer Information presented on the WA Critical Medicines List is for general guidance only.

The stockholding values on the WA Critical Medicines List are provided as a general indication of quantity. Actual quantities held at an individual site will vary due to usage, stock expiration and supply issues. For more information about actual stock at any particular time, and access to stock in emergency situations, please contact the individual site.

Administration Comments Anti-Malaria and Normal Human Immune Globulin

INDICATION	Medication	STRENGTH	DOSAGE & ADMINISTRATION	ADDITIONAL INFORMATION
Severe Malaria (eg P.Falciparum - Cerebral Malaria) First-Line or per I.D./Micro advice	Artesunate Injection	60mg Dry powder	Seek expert advice from Infectious Diseases Physician or Clinical Microbiologist.	For severe malaria start IV therapy early, and seek expert advice ¹ . In general, transfer to oral therapy as soon as possible ² .
			Administer 2.4mg/kg by IV injection, on admission, and repeat at 12hours and 24hours, then once daily until clinical improvement seen and oral therapy tolerated ¹ .	
			Reconstitute each vial with 1mL of SODIUM BICARBONATE 5%. ⁴ Shake gently for 2 to 3 minutes until completely dissolved - the powder is difficult to dissolve - the solution is cloudy at first and becomes clear after a few minutes ⁴ . Dilute the reconstituted solution with 5mL of sodium chloride 0.9% to make a solution of 60mg in 6mL. Inject dose slowly over 1 to 2 minutes ⁴ .	See Australian Injectable Drugs Handbook, SHPA ⁴ for comments on IM administration
Severe Malaria Second-Line , and/or in combination. Per I.D./Micro advice	Quinine Injection (Quinine Dihydrochloride 6%)	600mg/10mL	Seek expert advice from Infectious Diseases Physician or Clinical Microbiologist.	For severe malaria start IV therapy early, and seek expert advice ¹ . In general, transfer to oral therapy as soon as possible ² .
			Loading dose 20mg/kg IV over 4 hours. Starting 8 hours after the loading dose commenced, 10mg/kg 8-hourly (infused over 4 hours) until improvement seen and oral therapy tolerated ¹ .	
			Dilute the dose in 500mL of 5% Glucose (preferably) or in sodium chloride 0.9%. Infuse slowly over 4 hours ^{2,4} . In ICU units 7mg/kg may be infused over 30minutes ⁴ .	Rapid infusion must be avoided as it may cause severe and fatal cardiotoxicity ⁴ . [Refer Australian Injectable Drugs Handbook (Reference 4) for monitoring information, especially in regard to risks of cardiac toxicity, hypoglycemia, accumulation, and hypersensitivity] Generally no loading dose required if antimalarials have been given in previous 24 hours ⁴ .
Measles post-exposure prophylaxis	Normal Immunoglobulin	160mg/mL	In susceptible contacts, may be of value in preventing or modifying the disease ² .	Seek expert advice or follow Health Dept/WACHS guideline
			A dose of 0.2mL/kg bodyweight has been used ² .	Generally most effective given within six to seven days of exposure ^{2,5} . Do not administer MMR vaccine and Immunoglobulin simultaneously

NB: Seek expert advice for paediatric dosing and administration

Above content reviewed by reference group November 2019

References:

1. Therapeutic Guidelines Complete <https://login.smhslibresources.health.wa.gov.au/login?url=https://tgldcdp.tg.org.au>
2. UBM Medica. MIMSONline. UBM Medica; Sydney: 2012. Accessed 28/08/2012. (Citing Product Information.)
3. Micromedex Healthcare Series, DRUGDEX® System [intranet database]. Greenwood Village CO: Thomson Reuters (Healthcare) Inc; updated periodically [Cited 28/08/2012] Available from: RPH Library.
4. Burridge N, Deidun D, editors. Australian Injectable Drugs Handbook, 5th Edition. Collingwood: The Society of Hospital Pharmacists of Australia; 2011.
5. Centre for Disease Control. <https://www.cdc.gov/measles/hcp/index.html>

APPENDIX - items not included in CML stockholding

<p>Items which may appear on various published lists (in other states/territories). It is presumed sites will hold according to local practice/need where relevant. As such these are not detailed in the attached W.A. CML listings.</p>		
<p>Activated charcoal Atropine Benzodiazepines Calcium salts Complement 1 Esterase Inhibitor Cyprohepatine/chlorpromazine Glucagon Folinic acid Icatibant Insulin Naloxone Octreotide Phenobarbitone Phytomenadione (vit K) Polyethylene glycol / electrolytes Protamine Sodium Bicarbonate Thiamine</p>	<p>Generally replaced by supportive management and specific agents eg Berinert® eg Firazyr®</p>	
<p>Items considered highly specialised and therefore specialist sites might choose to carry, independent of the CML. In most cases these are unregistered products in Australia. As such these are not detailed in the attached W.A. CML listings.</p>		
<p>Carboxypeptidase G2/Glucarpidase Calcium Trisodium pentetate (Fomepizole) Potassium Iodide Prussian Blue Uridine Triacetate</p>	<p>See TABS x 2 (Under review November 2019) See TAB</p>	<p>Not Assessed WADEP/SMF Not Assessed WADEP/SMF Not yet Assessed WADEP/SMF Not Assessed WADEP/SMF Not Assessed WADEP/SMF Not Assessed WADEP/SMF</p>

GLUCARPIDASE HELD AT PETER MACCALLUM CANCER CENTRE-24 Hour Strategy.
Note-this agent has not been assessed/approved by WADEP for the Statewide Medicines Formulary



1st November 2013

Dear Customers,

Re: Supply of Voraxaze[®] (Glucarpidase) For Injection 1000 Units

Phebra wishes to advise that as of the 1st of November 2013, Phebra will assume responsibility for the sales of Voraxaze[®] (Glucarpidase) For Injection 1000 Units. Supply will be maintained under the Therapeutic Goods Administration Special Access Scheme (SAS).

To facilitate 24 hour access for this life-saving antidote, Voraxaze[®] will be stored and distributed by the Peter MacCallum Cancer Centre in Melbourne. Phebra will be responsible for processing and issuing invoices as well as pharmacovigilance matters. Peter MacCallum Cancer Centre will be responsible for distributing Voraxaze[®] to Australian hospitals (during business and after hours). To expedite despatch of Voraxaze[®] we recommend your first point of contact should be the Peter MacCallum Cancer Centre. The pharmacy staff at Peter MacCallum Centre will guide you through the paperwork that will be required to access product in a timely manner.

PRODUCT	Voraxaze [®] (Glucarpidase) For Injection 1000 Units
CODE	INU180
PACKAGE	Vial
PACK SIZE	1 Vial – note new pack size
PRICE to PHARMACY	\$22,000.00
PURCHASE ORDERS	Address to Phebra

Should you have any queries concerning SAS supply, please contact Phebra's Medical Information Service. medical@phebra.com 1800 720 020 (toll free)

Or

Pharmacy Department, Peter MacCallum Cancer Centre – 03 9656 1211 Monday to Friday 8am to 5pm or via the on-call pharmacist (03) 9656 1111 (after hours, weekends and public holidays).

Yours faithfully,

A handwritten signature in black ink, appearing to read "Poonam Kamboj".

Poonam Kamboj

Pharmacovigilance and Medical Information Manager

medical@phebra.com

(02) 9420 9199

Phebra Pty Ltd
19 Orion Road, Lane Cove West NSW 2066 Australia
Locked Bag 3003, Hunters Hill NSW 2110 Australia
T +61 (0)2 9420 9199 F +61 (0)2 9420 9177 W www.phebra.com

ACN: 009 357 890 ABN: 77 695 661 635

Glucarpidase - Peter MacCallum - 24 Hour Lead-Time Strategy - As of March 2017.

Note-this agent has not been assessed/approved by WADEP for the Statewide Medicines Formulary

Peter MacCallum Cancer Centre
Pharmacy Department
305 Grattan Street
Melbourne Victoria
3000 Australia



Postal Address
Locked Bag 1 A Beckett Street
Victoria 8006 Australia

Phone +61 3 8559 5200
Fax +61 3 8559 95203
petermac.org

Supply of Glucarpidase (Voraxaze®) to External Hospital

Contact Details for Supply:

Consignment Stock for Australia

Pharmacy Department
Peter MacCallum Cancer Centre
305 Grattan St
Melbourne, Victoria, AUSTRALIA 3000

-During business contact pharmacy department

Ph : 03 8559 5200

Ask for Deputy Director or Medicines Information (if Deputy unavailable)

- After hours (After 5pm and including weekends and public holidays)

Ph: (03) 8559 5000 and ask for the on-call pharmacist

Supplier to Peter MacCallum Cancer Centre

Phebra Pty Ltd
Lane Cove West NSW 2066
Ph 1800 720 020 Fax 02 94209177

Drug Costs:

1000 unit vial

Cost approximately \$22,000 + GST per vial

Cost fluctuation due to US cost at time of ordering

Supply of GLUCARPIDASE to Another Hospital in Australia

Stock Holding:

Peter Mac holds 6 x 1000 unit vials of consignment stock of glucarpidase and is responsible for the supply of glucarpidase to other hospital sites in Australia both in normal business hours and after hours (after 5pm), including weekends and public holidays.

Information for Glucarpidase Supply to Another Australian hospital

(Contract with Phebra does not permit supply outside Australia)

1. Ensure requesting pharmacist is aware of the costs involved:

- Glucarpidase (~\$25,000 per 1000 unit vial plus GST) invoiced directly from Phebra
- Freight cost (Messenger Post – up to maximum of \$70 depending on distance - Local Melbourne) or World Courier (Interstate) (Approximately \$700 Interstate)
 - Courier charges may be directly charged to Director of requesting pharmacy from World Courier or where these details are not available the requesting pharmacy will be charged by Peter Mac pharmacy department.

2. Ensure that the requesting pharmacist is aware that once glucarpidase is dispatched to the requesting hospital, they are responsible for payment of the drug.

The drug CANNOT be returned to Peter Mac or Phebra if not used and hence a refund is NOT possible

- The following information is required from the requesting pharmacist:

1. Patient name, hospital UR number and date of birth
2. A completed SAS category A form to be emailed or faxed to Peter Mac pharmacy before drug is dispatched
3. Name and address of the requesting hospital
 - Delivery address for courier & contact person
4. Name of the treating doctor
5. Name of the pharmacist requesting
6. Contact number of the requesting pharmacy (on call and regular)
7. Name and contact details of Director of Pharmacy at requesting site for courier billing purposes

Uridine Triacetate Information - Wellstat Safety Group - 48 Hour Strategy - As of August 2019.

Note-this agent has not been assessed/approved by WADEP for the Statewide Medicines Formulary

My name is Joan Helton and I am a member of the Wellstat Safety Group. I am responding to your email/questions regarding uridine triacetate (Vistogard in the United States).

Note that Vistogard is approved for use in the United States only. Wellstat does provide uridine triacetate on a compassionate use basis, however, it can only be shipped to the hospital in which the patient is being/will be treated.

Wellstat requires that the following information on the patient potentially needing treatment with uridine triacetate be provided prior to the shipment of the uridine triacetate.

1. Patient's Initials
2. Patient's Date of Birth or Age
3. Patient's Gender, Race, Height and Weight
4. Patient's Cancer Being Treated and Date of Diagnosis
5. What cycle number of 5-FU or capecitabine was this? What was the intended dose of 5-FU or how much capecitabine did the patient take?
6. Date and time of the 5-FU or capecitabine overdose (**important: this is the date and time that the 5-FU infusion stopped or the date and time that the last dose of capecitabine was taken**)
7. Duration of the 5-FU overdose or capecitabine overdose (start/stop times - local time)
8. Planned duration of the 5-FU infusion or the capecitabine treatment.
9. If the overdose was with infusional 5-FU, was a 5-FU bolus dose given? If so, how much and how long prior to the infusion was the bolus dose administered?
10. If this is a case of early onset of toxicities after treatment with 5-FU infusion or capecitabine, has the patient been tested for DPD deficiency? If so, are the results available?
11. If this patient is experiencing early onset of serious toxicities, please provide a list of the symptoms the patient has been experiencing and is currently experiencing.
12. Dose the patient have compromised renal function?

When the responses to the above noted questions have been received, the following documents will be sent to the hospital in which the patient will receive treatment with uridine triacetate. The physician treating the patient and a responsible party at the hospital will be required to complete these documents. Note that just as soon as these documents are returned to Wellstat, arrangements will be made to bring uridine triacetate to the hospital where the patient is to receive treatment with uridine triacetate. The carton will be hand carried to the hospital where the patient will be treated with uridine triacetate.

1. Indemnification Agreement
2. Non-Disclosure Agreement
3. Physician's Agreement
4. Synopsis: Clinical Operations Procedure
5. Guarantee of Reimbursement
6. Written authorization from your regulatory authorities allowing shipment of uridine triacetate into your country to the patient/hospital where the patient will be treated.

Note that the uridine triacetate is provided free of charge, however, the hospital where the patient will be treated is responsible for paying for the shipping and wiring fees. These fees can range from \$5,000 USD to \$15,000 USD.

There is another set of documents that will be sent to the treating physician once the first set of documents has been returned to Wellstat. This second set of documents does not need to be returned immediately to Wellstat.

Note that we have shipped uridine triacetate to hospitals in Australia on several occasions. The actual flight time to get the uridine triacetate to Australia is generally around 48 hours. When the drug is actually shipped depends on when the required Set 1 documents are signed, dated and returned to Wellstat. Also note that international flights generally leave the airport during the U.S. evening hours.

If you have additional questions, please do not hesitate to contact me. I can be reached by calling the Wellstat Safety Phone (answered 24 hours a day and 7 days a week) at 240.479.1073.
Kindest regards,

Joan

Joan Helton
Manager, Clinical Quality Assurance/Regulatory Affairs
Wellstat Therapeutics Corp.
14200 Shady Grove Road, Suite 600
Rockville, MD 20850
240.631.2500 ext.3211 (Office)
240.479.1073 (Wellstat Safety Phone)
301.519.7010 (Fax)

Document History

Version	Date	Change History	Review
1	2010	Document created	Created by: Natalie Dowling (RPH ED Pharmacist)
2	Jun-13	Document updated: - All metropolitan WA Health hospitals with an Emergency Department included - All WA Health Regional Resource Centres included - Dantrolene stockholdings included	Updated by: Ken Tam (RPH ED Pharmacist) Reviewed by: WA Toxicology Service
3	Apr-14	Document updated: - RPH pyridoxine level increased.	Updated by: Ken Tam (RPH Pharmacy) Reviewed by: Dr Kerry Hoggett (RPH Toxicology)
4	Mar-15	Document updated	Updated by: Dr Jessamine Soderstrom (RPH Toxicology) Reviewed by: WA Toxicology Service Endorsed by: Chief Pharmacist's Forum WA Therapeutics Advisory Group
5	Apr-16	Document updated	Updated by: Dr Jessamine Soderstrom (RPH Toxicology) Reviewed by: WA Toxicology Service Endorsed by: Chief Pharmacist's Forum WA Therapeutics Advisory Group
6	Nov-16	Document updated	Minor updates (addition of box jellyfish antivenom and silibinin vials for Amanita mushroom hepatotoxicity reviewed by Dr Jessamine Soderstrom and the WA Toxicology Service.)
7	Apr-17	Document updated	Updated by: Dr Jessamine Soderstrom (RPH Toxicology) Reviewed by: WA Toxicology Service Endorsed by: Chief Pharmacist's Forum WA Therapeutics Advisory Group
8	Mar-18	Document updated	Updated by: Dr Jessamine Soderstrom (RPH Toxicology) Reviewed by: WA Toxicology Service Endorsed by: Chief Pharmacist's Forum WA Therapeutics Advisory Group
9	Aug-18	Document updated	Updated by: Dr Jessamine Soderstrom (RPH Toxicology) Reviewed by: WA Toxicology Service Endorsed by: Chief Pharmacist's Forum WA Therapeutics Advisory Group
10	Dec-18	Document updated	Updated by: Dr Jessamine Soderstrom (RPH Toxicology) and Meeghan Clay (Chief Pharmacist WACHS) Reviewed by: WA Toxicology Service Endorsed by: Chief Pharmacist's Forum WA Therapeutics Advisory Group
11	Sep-19 Sep-19 Oct-19 Oct-19 Nov-19 Nov-19	Document updated. TOR reviewed	Appendix - TAB added for "Other items not Quantified" Appendix - TABS added for Glucarpidase; Phebra, Peter MacCallum Appendix - TAB added for Uridine Triacetate PAGE added : Antimalaria - Metropolitan PAGE added : Regional- Immunoglobulin/Malaria Information added to Antidote sheet for Ethanol/Fomepizole PAGE added - Admin information Artesunate Quinine Immunoglobulin Reviewed by Reference Group
12	May-20	Document updated	Updated by Andrew Campbell Page added: regional PEP holdings Quantities amended - see change log (locally stored at DoH) Reviewed by reference group