## Toxicology Cases: 10 Must-Have Drugs To Keep On Hand

<table>
<thead>
<tr>
<th>Drug</th>
<th>Use</th>
</tr>
</thead>
</table>
| **Acepromazine**            | Used in animals as a sedative; much higher doses than normal may be needed when dealing with amphetamine toxicity.  
**Note:** Can also be used to help control hypertension caused by stimulants when nitroprusside is not available – start with small doses and titrate to affect. Always monitor blood pressure. |
| **Atipamezole**             | Commonly used to reverse dexmedetomidine and xylazine.  
**Note:** Can reverse signs from other alpha agonists such as clonidine, guanfacine, tizanidine, imidazoline and oxymetazoline decongestants; eye drops, and tick collars that contain amitraz. |
| **Cholestyramine**          | Useful for several toxins that undergo enterohepatic recirculation: cholecalciferol (vitamin D3), sago palm, cyanobacteria (blue green algae), digitoxin and some NSAIDs.  
**Note:** Some human formulations contain xylitol and those must not be used in dogs. |
| **Cyproheptadine**          | Should be an additional treatment for overdoses of serotonergic drugs such as SSRIs, amphetamines, tramadol, 5-HTP and marijuana when signs persist despite treatment with first-line drugs.  
**Note:** Only administer while signs of serotonin syndrome are present – most toxicity cases only require 1-3 doses. |
| **Diazepam/Midazolam**      | For controlling mild agitation or seizures from a variety of toxins.  
**Note:** Should not be used for overdoses of amphetamines as it can actually worsen clinical signs. Also contraindicated for seizures caused by muscimol (isoxazole) mushroom ingestions. |
| **Maropitant**              | Very effective at both stopping and preventing vomiting.  
**Note:** Administration in recumbent or neurologic animals before giving activated charcoal may reduce aspiration risk. |
| **Methocarbamol**           | For patients presenting with tremors instead of seizures. Though expensive, there is nothing that will control tremors as well.  
**Note:** If you have only tablet form, it can be crushed, mixed with water and given rectally, though it will take significantly longer to work. |
| **N-Acetylcysteine**        | Commonly used for acetaminophen toxicity; can be given along with SAMe for other hepatotoxins. Dilute to 5% solution and give orally or intravenously through a filter.  
**Note:** If given orally, further dilute with something sweet to mask sulfur smell and taste. |
| **Naloxone**                | Along with reversing opioid exposure, can be used to reverse severe CNS depression from some other toxins. High dose (0.1 mg/kg) works well to reverse coma in large doses of ibuprofen, ethanol toxicity and bradycardia due to cyclobenzaprine.  
**Note:** If first dose helps, you can repeat as signs return. |
| **Propranolol**             | Primarily used to treat sinus tachycardia from chocolate, amphetamines, SSRIs, 5-HTP and other stimulants.  
**Note:** In albuterol toxicosis, propranolol is virtually an antidote that will slow heart rate and correct hypokalemia without the need to supplement potassium. |