

## HYDROXOCOBALAMIN

### EMSA FEBRUARY 2026

#### ACTIONS: Cyanide Antidote

- Binds directly to cyanide to form the nontoxic compound cyanocobalamin, which is then excreted in the urine

#### INDICATIONS

- Symptomatic cyanide exposure, known or suspected

#### CONTRAINDICATIONS

- None

#### POTENTIAL SIDE EFFECT ~~PRECAUTIONS~~

- ~~The most common adverse reactions are development of~~ Reddish skin, mucous membranes, and urine up to three days after infusion.

#### PREPARATION

- Use ~~ing~~ double-side spike and 5g vial included in CYANOKIT box, fill the vial to the fill-line (200ml) with a bag of normal saline (dextrose may be used). The resulting concentration will be 25mg/ml.

#### ADULT DOSE/ROUTE:

- 5g IV infused over 15 minutes

#### PEDIATRIC DOSE/ROUTE:

- 70 mg/kg IV infused over 15 minutes

Pt. Weight	Dose 70 mg/kg	Volume of drug to withdraw & administer
3-5 kg	275 mg	11 ml
6-7 kg	420 mg	18 ml
8-9 kg	600 mg	24 ml
10-11 kg	700 mg	28 ml
12-14 kg	900 mg	36 ml
15-18 kg	1150 mg	46 ml
19-22 kg	1450 mg	58 ml
23-28 kg	1750 mg	70 ml
29-36 kg	2200 mg	88 ml
36-39 kg	2650 mg	106 ml
>40kg	Administer entire vial	

#### NOTES

- Hydroxocobalamin is not routinely stocked on ambulances but if needed, Rescue Captains should be contacted, to see if medication currently available. ~~available in pharmaceutical disasters and hazmat caches~~
- ~~Hydroxocobalamin has replaced Sodium Thiosulfate.~~
- ~~Hydroxocobalamin has limited toxicity and may be used when cyanide exposure is suspected, but not confirmed.~~

Effective: xx/xx/xx  
Supersedes: 10/29/18

DRAFT