

+ ACTIVATED CHARCOAL GUIDE

Activated Charcoal (AC) coats the gastrointestinal wall and adsorbs toxins, thus reducing their availability for absorption into the systemic circulation. Toxins can adsorb and desorb from AC, therefore it is important to administer a high quality AC in sufficient quantities, and utilise cathartics with the first (or only) administration of AC.

TOXINS THAT ADSORB TO AC

Single administration of AC (with cathartic) recommended

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| ACE inhibitors |
| Alliums (onion, garlic, etc.) |
| Alphachloralose, choralose |
| Amphetamines |
| Anti-histamines |
| Neuroleptics (first generation anti-psychotics) |
| Baclofen |
| Benzodiazepines |
| Beta-blockers (non slow release formulations) |
| Brunfelsia spp |
| Cyanobacteria (A.K.A blue-green algae) |
| Fipronil |
| Glyphosate |
| Nicotine |
| Opioids |
| Plant bulbs (except Lily of the valley) |
| Pyrethrin/pyrethroids |
| Strychnine |
| SSRI/SARI (anti-depressants) |
| Yew tree |

Repeated administration of AC (initially with cathartic, then without) is recommended

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| Anti-coagulant rodenticides |
| Aspirin |
| Atypical (second generation) anti-psychotics |
| Beta-blockers (slow release formulations) |
| Cannabis |
| Calcium channel blockers |
| Cardiac Glycosides (Lily of the valley, Adenium obesum, Apocynum spp, Digitalis purpurea, Calatropis spp, Kalanchoe spp, Asclepias spp, Nerium Oleander, Ornithogalum umbellatum, Digitalis lantana, Thevatia peruviana) |
| Chocolate |
| Cholecalciferol (VitD3) |
| Digoxin |
| Grapes and their dried fruits* |
| Lillies* |
| Macrocyclic lactones |
| Metaldehyde |
| Mushrooms |
| Mycotoxins |
| NSAIDS |
| Organophosphates, carbamates |
| Paracetamol (acetaminophen) |
| Phenobarbital/barbiturates |
| Phenylbutazone |
| Sago palm |
| Tacrolimus |
| Tetracyclines |
| Theophylline |
| Tricyclic antidepressants |

*Currently, the toxic mechanism is unknown and persistence within the gastrointestinal tract may occur. Therefore, repeated administration of AC should be considered provided there is no contraindication to do so.

TOXINS WITH MINIMAL ADSORPTION TO AC

These toxins are minimally adsorbed by AC. Administration of AC is not necessary unless there is concurrent ingestion of a toxin that adsorbs to AC. Where uncertainty exists regarding toxin exposure or toxin adsorbency potential, AC administration should be considered to aid gastrointestinal decontamination

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| Alcohols & sugar alcohols (xylitol, ethanol, methanol, ethylene glycol, propylene glycol) |
| Cyanogenic plants |
| Caustic detergents or corrosive items |
| Electric batteries |
| Essential oils |
| Fertilizers |
| Frog toxicity/Toad venom |
| Glues and adhesives |
| Heavy metals (lead, zinc, copper, iron ...etc) |
| Hydrocarbons |
| Oak (acorns) |
| Processionary caterpillars |
| Raw dough and yeast |
| Salt |
| Strong acids or alkalis |

AC CONSIDERATIONS:

- Black stools are expected following administration
- AC will stain fur and fabrics
- Concurrent adsorption of essential oral antidotes or routine medications
- AC is contraindicated prior to gastrointestinal surgery/endoscopy or with gastrointestinal perforation
- Administer with care in patients prone to aspiration
- Patients receiving AC, particularly with cathartic use, should have their electrolytes monitored

FOLLOW WITH CARBODOTE REPEAT Q4-6HRS FOR 24-48HRS

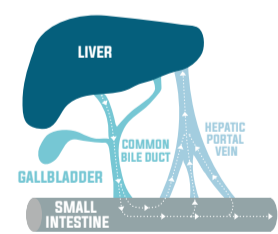
REPEATED ADMINISTRATION OF AC IS RECOMMENDED FOR TOXINS THAT PERSIST WITHIN THE GASTROINTESTINAL TRACT

This may increase toxin absorption (and therefore harm) and may occur as a result of:

- Enterohepatic recirculation
- Sustained release preparations or toxins with delayed gastric emptying
- Toxins with lower affinity or that easily desorb from activated charcoal

Enterohepatic Recirculation

Enterohepatic recirculation of toxins occurs when a toxin enters the liver via the portal circulation (following intestinal absorption) or systemic circulation (following other routes of exposure - e.g., intravenous, dermal). The toxin (+/- its metabolites) then undergoes biliary excretion and is available for reabsorption in the small intestine.



ADMINISTER CARBODOTE PRIME ONCE

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CATHARTIC CONSIDERATIONS:

Cathartics speed up gastrointestinal transit times, permitting rapid elimination of toxins adsorbed to AC (and reducing the opportunity for toxin desorption from AC).

Cathartics should only be administered ONCE, as repeated administration may result in dehydration +/- electrolyte disturbances.

Cathartic use may result in soft or watery faecal consistency.

Avoid usage of cathartics in patients with:

- Clinical dehydration that can't be corrected easily
 - Diarrhoea, electrolyte abnormalities, or hypotension
 - Use with caution in patients with pre-existing renal or cardiac disease
 - Presence of gastrointestinal obstruction, perforation or ileus
 - Due to their small body size, avoid use in exotic pets
- In patients where cathartic use is inappropriate, substitute **Carbodote Prime** with **Carbodote Repeat**.

+ PRODUCTS

CARBODOTE GEL

A duo of pre-mixed, highly adsorbent activated charcoal gels, delivered in easy to use 'dial & dispense' syringes.

CARBODOTE PRIME

Activated charcoal (30%) plus sodium sulphate (6.25%)

- Unique, 2 in 1 activated charcoal gel plus cathartic to speed up gastrointestinal decontamination of toxins
- Use ONCE per toxin exposure



CARBODOTE REPEAT

Activated charcoal (30%)

- Pure activated charcoal gel
- Use when repeated administration required

