DOSAGE AND ADMINISTRATION:

Blood should be considered.

Repeated in 1 hour if necessary.

A total dose of 1 to 2 mg/kg of body weight should be 1% methylene blue solution should be given intravenously.

If signs of excessive methemoglobinemia develop (i.e., blue skin and mucous membranes, vomiting, shock, and coma), 1 set of instructions for the treatment of cyanide poisoning.

ANTIDOTE PACKAGE are not excessive for an adult. The doses

WARNING: can cause death. The amounts found in a single Cyanide can be administered. This interrupted schedule is important

administration should be started immediately. For

 therapy recommended should be instituted immediately.

Additional, oxygen inhalation and transfusion of whole fresh blood should be considered.

DIAGNOSIS: To establish a diagnosis of cyanide poisoning before death, positive proof of the presence of cyanide by chemical tests of body fluid is necessary, but to make an immediate, tentative diagnosis, circumstantial evidence usually is sufficient. If a person works with cyanide or is in proximity to fumigation activities and is suddenly taken ill, to suspect cyanide poisoning is justifiable, or, if an individual is discovered unconscious and a cyanide container is found nearby, suicidal intent may be considered probable.

Cyanide is due to the suppression of cellular respiration by inhibition of the action of catalytic which promote the utilization of oxygen. The latter remains unabsorbed from the capillaries, and the venous blood appears bright red.

Cyanosis, therefore, a late manifestation, occurring when circulatory failure is approached. If a person is suspected of having taken the poison by mouth, his stomach should be emptied and the contents analyzed. If he is poisoned by gaseous hydrocyanic acid, a 20 mL sample of venous blood should be drawn and similarly examined.

HOW SUPPLIED: Cyanide Antidote Package is available as single packages (NDC# 11098-507-01).