NITHIODOTE is indicated for the intravenous treatment of acute and chronic cyanide poisoning. NITHIODOTE is indicated for use in conjunction with other drugs that may cause methemoglobinemia such as procaine and sodium nitroprusside. NITHIODOTE is intended as an emergency agent and should be used only following a comprehensive assessment of the patient's condition, taking into account the risk of methemoglobinemia and other toxic exposures as well.

**Common Signs and Symptoms of Cyanide Poisoning**

- **Respiratory Distress**: Tachypnea/Hyperpnea (early), Altered Mental Status, Seizures, Respiratory failure leading to hypoxia.
- **Cardiovascular**: Hypotension, Bradycardia, Pulseless electrical activity (PEA), Asystole.
- **Gastrointestinal**: Vomiting, Diarrhea, Abdominal pain.
- **Other**: Cyanosis, Coma, Hypothermia, Anuria.

**Adverse Reactions**

- **Methemoglobinemia**
- **Anemia**: Severe anemia resulting from increased methemoglobin levels or reduced hemoglobin levels.
- **Other**: Hypotension, Bradycardia, PEA, Asystole.

**Dosage and Administration**

- **Adults and Children**: The usual dose is 10-20 mL of 10% sodium nitrite solution administered intravenously over 2-5 minutes. The maximum recommended dose is 50 mL. The drug should be administered as a bolus injection or over a period of time not exceeding 5 minutes to avoid hypotension.
- **Pediatric Patients**: The dose should be adjusted according to the patient's weight and age. The recommended dose is 0.5-1.0 mL/kg over 2-5 minutes.

**Contraindications**

- **Severe Hypovolemia**
- **Hypotension**
- **Hypothermia**
- **Hemodynamic Instability**

**Precautions**

- **Pregnancy and Lactation**: Sodium nitrite and sodium thiosulfate are Pregnancy Category C drugs. There are no adequate and well-controlled studies in pregnant women. Sodium nitrite should be used during pregnancy only if the potential benefit justifies the risk to the fetus.

**Warnings**

- **Renal Function**: Sodium nitrite is primarily eliminated by the kidneys. patients with impaired renal function or those on dialysis may require a reduced dose.

**Interactions**

- **Antidiabetic Drugs**: Sodium nitrite may interfere with the action of antidiabetic drugs. Patients taking antidiabetic drugs should be observed closely during and after treatment with sodium nitrite.

**Overdosage**

- **Symptoms**: Severe methemoglobinemia, hypotension, Bradycardia, PEA, Asystole.
- **Treatment**: Use of methylene blue or hemodialysis may be required.

**NITHIODOTE is contraindicated in patients with a history of methemoglobinemia, those with a known sensitivity to the drug, and in patients with chronic cyanide poisoning.**
EVERY SECOND IS HUGE. WE ARE READY STAT.

INTRODUCING

NITHIODOTE

Sodium nitrite injection, USP 300 mg/10 mL and sodium thiosulfate injection, USP 12.5 grams/50 mL

No mixing. No shaking. No waiting. Fill syringes and start treatment immediately.

NITHIODOTE is indicated for the treatment of acute cyanide poisoning that is judged to be life-threatening. When the diagnosis of cyanide poisoning is uncertain, the potentially life-threatening risks associated with NITHIODOTE should be carefully weighed against the potential benefits, especially if the patient is not in extremis.

WARNING: LIFE THREATENING HYPOTENSION AND METHEMOGLOBIN FORMATION

Sodium nitrite can cause serious adverse reactions and death in humans, even at doses less than half the recommended therapeutic dose. Sodium nitrite causes hypotension and methemoglobin formation, which diminishes oxygen carrying capacity. Hypotension and methemoglobin formation can occur concurrently or separately. Because of these risks, sodium nitrite should be used to treat acute life-threatening cyanide poisoning and be used with caution in patients where the diagnosis of cyanide poisoning is uncertain. Patients should be closely monitored to ensure adequate perfusion and oxygenation during treatment with sodium nitrite. Alternative therapeutic approaches should be considered in patients known to have diminished oxygen or cardiovascular reserve (e.g., smoke inhalation, cardiac or respiratory compromise), and those at higher risk of developing methemoglobinemia (e.g., congenital methemoglobin reductase deficiency) as they are at greater risk for potentially life-threatening adverse events related to the use of sodium nitrite.

[Sodium Nitrite Injection, USP 300 mg/10 mL and Sodium Thiosulfate Injection, USP 12.5 grams/50 mL]

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Methemoglobinemia: Sodium nitrite causes hemoglobin to form methemoglobin and should be used with caution in patients known to have anemia. Monitor oxyhemoglobin and methemoglobin levels by pulse oximetry or other measurements. Optimally, the sodium nitrite dose should be reduced in proportion to the oxygen carrying capacity.

Smoke inhalation: Carbon monoxide contained in smoke can result in the formation of carboxyhemoglobin that can reduce the oxygen carrying capacity of the blood. Sodium nitrite should be used with caution in patients with smoke inhalation injury because of the potential for exacerbating hypoxia due to methemoglobin formation. Carbon monoxide and oxyhemoglobin levels should be monitored by pulse oximetry or other measurements in patients that present with evidence of smoke inhalation. Optimally, the sodium nitrite dose should be reduced in proportion to the oxygen carrying capacity.

ADVERSE REACTIONS

Most common adverse reactions are:

Sodium nitrite: syncope, hypotension, tachycardia, palpitations, dysrhythmia, methemoglobinemia, headache, dizziness, blurred vision, seizures, confusion, coma

Sodium thiosulfate: hypotension, headache, disorientation

USE IN SPECIFIC POPULATIONS

Renal impairment: Sodium nitrite and sodium thiosulfate are substantially excreted by the kidney. The risk of toxic reactions to these drugs may be greater in patients with impaired renal function.

IMPORTANT SAFETY INFORMATION (Continued)

[See Warnings and Precautions (5.1 and 5.2)]

To order please call ABO Pharmaceuticals at 877-226-2266