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Reference: 2022/03/31/EDP/01

# ERRATUM TO THE ADULT HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST, 2019, 5<sup>TH</sup> EDITION.

Please note the following correction to the Adult Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicine List (EML), 2019, 5<sup>th</sup> edition:

## Dosing for ethanol 40% for ethylene glycol poisoning on page 19.31 (Section 19.17.2)

The corrected dose for ethanol 40% for non-drinkers has been corrected from "25mL/kg/hour" to "0.25mL/kg/hour" as follows:

### Section 19.17.2: Ethylene glycol poisoning

#### MEDICINE TREATMENT

#### Ethanol

Indications:

History of ingestion, plus any two of the following criteria:

- » Arterial pH <7.3
- » Serum bicarbonate <20 mmol/L
- » Presence of urinary oxalate crystals (ethylene glycol only) or visual disturbances (methanol only)

#### Dose:

- Ethanol 95% BP, oral,
  - Loading dose 1 mL/kg
  - Maintenance dose:
    - non-drinker:

0.125 mL/kg/hr

chronic drinker:

0.2 mL/kg/hr

Dilute the calculated ethanol volume to 20% (1:5) in any suitable liquid.

#### OR

- Ethanol 40% v/v (gin, whiskey, vodka), oral
  - Loading dose: 2 mL/kg
  - Maintenance dose:
    - non-drinker:

0.25 mL/kg/hour

chronic drinker:

0.5 mL/kg/hour

Dilute the calculated ethanol volume to 20% (1:2) in any suitable liquid.

#### Note:

- » If patients are not co-operative, administer ethanol via a nasogastric tube.
- » Maintain ethanol levels of 1-1.3 g/L (100-130 mg/dL).
- » The dose of ethanol needs to be increased if the patient is receiving concomitant haemodialysis.
- » Several days of ethanol therapy may be required until clinical condition improves.
- » Alcoholic beverage are sometimes labelled as "percentage proof". Alcohol proof values are double the alcohol percentage (volume/volume) values. An 80 proof alcohol would thus be 40% (v/v).

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Provinces and Health Care Facilities are requested to distribute and communicate this information.

Comments may be submitted via e-mail or post to:

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Kind regards

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