

Mushroom Toxicosis in Dogs

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Table 2. Medications & Dosage Commonly Used to Treat Mushroom Toxicosis¹⁻⁶

Drug	Use	Dose
Activated charcoal	Minimizes absorption of the toxicant from the GI tract.	1–5 g/kg PO once. If multiple doses are used, dose at 1–2 g/kg PO q4–6h × 24h
Atropine	Competes with both acetylcholine and muscarine at cholinergic muscarinic receptor sites; used for muscarine mushroom toxicosis.	0.02–2 mg/kg, divided IV and IM
Diazepam	Anticonvulsant	0.25–0.5 mg/kg IV PRN
Maropitant	Antiemetic	1 mg/kg SC or IV (extra-label) q24h
N-acetylcysteine	Hepatoprotectant; used for hepatotoxic cyclopeptides mushroom toxicosis.	140–280 mg/kg IV or PO once, followed by 70 mg/kg IV or PO q6h × 48–72h as needed. <i>Note:</i> IV route preferred to prevent decreased absorption when given orally with activated charcoal.
Penicillin G benzathine	Displaces amatoxins from plasma protein-binding sites and reduces uptake of amanitins into hepatocytes.	1000 mg/kg IV immediately after exposure
Phenobarbital	Anticonvulsant	4–20 mg/kg IV as needed
Plasma (as fresh frozen or frozen)	Used to treat coagulopathy secondary to hepatic injury.	10–20 mL/kg IV if coagulopathic
Pyridoxine	Vitamin B ₆ ; used for hydrazine mushroom toxicosis.	25 mg/kg slow IV over 15–30 min
S-adenosylmethionine	Hepatoprotectant	18–20 mg/kg PO q24h
Silibinin	Hepatoprotectant	50 mg/kg IV, 5h and 24h after <i>Amanita phalloides</i> exposure or 2–5 mg/kg PO q24h
Vitamin K1 (phytonadione)	Used to treat coagulopathy secondary to Vitamin K-dependent factors inactivated during hepatic injury.	1.0–2.5 mg/kg PO; or, SC q12h if coagulopathic