

Tabulation of Therapeutic, Toxic, and Lethal Concentrations of Drugs and Chemicals in Blood

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These data represent information from the literature and personal experience.

References to the data may be found in previous articles (1-7). Other authors have also presented such data (8-11).

Special attention must be paid to the utilization of these data. Interpretation of test results based on the data presented must be with the usual consideration of factors affecting the pharmacological response of a drug as well as other factors. Table 1 lists general factors that must be considered in interpreting the data. The factors listed cover most aspects for which blood-concentration data may be used: therapeutic monitoring, generic equivalency, efficacy of treatment in poisonings, cause of death, etc.

The intended effect and corresponding dose of a drug will certainly affect the therapeutic blood concentration. For example, a person receiving 25 mg of chlorpromazine rectally will have a lower blood drug concentration than a person receiving 300 mg of chlorpromazine orally, the former dose being used as an antinauseant and the latter as an antipsychotic. The therapeutic concentration is, of course, the most important value, as this serves as a guide to what might be expected vis-à-vis toxic or lethal situations.

Data of this sort are useful for several medical and legal purposes. One of these is monitoring drugs used in the treatment of chronic disorders. Several classes of drugs used for chronic disorders include the digitalis group, the anticonvulsant group, the antipsychotic group, and the antibiotic group. Drug-concentration data for antibiotics are not included in the table.¹

Because the method of analysis can affect the information on concentrations in blood, information in Table 2 will change as data are generated from newer and better analytical methods.

Many industrial chemicals have not yet been monitored in humans and therefore data on expected concentrations consistent with "safe" occupational exposure are lacking. Several values are contained in Table 2 that indicate exposure to a toxic substance. Monitoring substances such as lead, mercury, cadmium, etc.

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¹ But a list of peak antibiotic concentrations in serum can be found in Appendix II to a chapter by A. L. Barry and L. D. Sabath, p 431, 2nd ed. of *Manual of Clinical Microbiology* (Amer. Soc. of Microbiology, Washington, D.C., 1974), E. H. Lennette et al., Eds.

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Table 1. Factors Affecting Concentrations in Blood

Drug and Chemical Factors

Dosage form
Use and dose
Route of administration
Concentration of toxicant
Duration of exposure

Human Factors

Age
Weight
Time of sampling
Method of analysis and presence of metabolites
Treatment given, if any
Time interval between sampling and analysis
Storage of specimen

Pathological Factors

Disease state (esp. renal and hepatic)
Body water (normal or dehydration)
Menstruation
Anatomical abnormalities (congenital or surgically and (or) traumatically caused)
Genetic disorders (pharmacogenetics)

Pharmacological/Biochemical Factors

Gastrointestinal absorption
Tissue binding at active and inactive sites
Rate of elimination (excretion)
Storage (bone, hair, nails, fat)
Induction or inhibition of microsomal enzymes
Synergistic or antagonistic action of other drugs
Tolerance (from prolonged use or use of drugs with cross tolerance)
Rate of detoxication (metabolism or biotransformation)
Additive drug effects

is routine in some industries. Legislation affecting toxic substances in the industrial environment will require monitoring of other chemicals and this will result in establishing "safe" blood concentrations for many materials.

The general concept of assessing concentrations of chemicals in blood is relatively new, and I have prepared this Table to provide a concise, single source of data to be used as a guide. I reemphasize that the values should

Table 2. Drug and Chemical Blood Concentrations^a

| Compound | Therapeutic or "normal" concn | Toxic concn | Lethal concn |
|---------------------------------|--|----------------------------|----------------------|
| Acetaminophen (Tylenol) | 10–20 mg/liter | 400 mg/liter | 1500 mg/liter |
| Acetazolamide (Diamox) | 10–15 mg/liter | — | — |
| Acetohexamide (Dymelor) | 21–56 mg/liter | — | — |
| Acetone | — | 200–300 mg/liter | 550 mg/liter |
| Aluminum | 0.13 mg/liter | — | — |
| Ammonia | 500–1700 mg/liter | — | — |
| Aminophylline (Theophylline) | 20–100 mg/liter | — | — |
| Amitriptyline (Elavil) | 50–200 µg/liter | 400 µg/liter | 10–20 mg/liter |
| Amphetamine | 20–30 µg/liter | — | 2 mg/liter |
| Arsenic | 0.0–20 µg/liter | 1.0 mg/liter | 15 mg/liter |
| Barbiturates | | | |
| Short-acting | 1 mg/liter | 7 mg/liter | 10 mg/liter |
| Intermediate-acting | 1–5 mg/liter | 10–30 mg/liter | 30 mg/liter |
| Phenobarbital | ~10 mg/liter | 40–60 mg/liter | 80–150 mg/liter |
| Barbital | ~10 mg/liter | 60–80 mg/liter | 100 mg/liter |
| Benzene | — | any measurable | 0.94 mg/liter |
| Beryllium | Tissue levels generally used (lung & lymph) | — | — |
| Boron (boric acid) | 0.8 mg/liter | 40 mg/liter | 50 mg/liter |
| Bromide | 50 mg/liter | 0.5–1.5 g/liter | 2 g/liter |
| Brompheniramine (Dimetane) | 8–15 µg/liter | — | — |
| Cadmium | 0.1–0.2 µg/liter | 50 µg/liter | — |
| Caffeine | — | — | >100 mg/liter |
| Carbamazepine (Tegretol) | 2 mg/liter | 8–10 mg/liter | — |
| Carbon monoxide | 1% saturation of Hb | 15–35% saturation of Hb | 50% saturation of Hb |
| Carbon tetrachloride | — | 20–50 mg/liter | — |
| Carisoprodol (Rela, Soma) | 10–40 mg/liter | — | — |
| Chloral hydrate (Noctec) | 10 mg/liter | 100 mg/liter | 250 mg/liter |
| Chloroform | — | 70–250 mg/liter | 390 mg/liter |
| Chlordiazepoxide (Librium) | 1.0–3.0 mg/liter | 5.5 mg/liter | 20 mg/liter |
| Chlorpheniramine | — | 20–30 mg/liter | — |
| Chlorpromazine (Thorazine) | 0.5 mg/liter | 1–2 mg/liter | 3–12 mg/liter |
| Chlorpropamide (Diabinese) | 30–140 mg/liter | — | — |
| Chlorprothixine (Taractan) | 0.04–0.3 mg/liter | — | — |
| Codeine | 25 µg/liter | — | — |
| Copper | 1–1.5 mg/liter | 5.4 mg/liter | — |
| Cyanide | 0.15 mg/liter | — | >5 mg/liter |

(continued)

Table 2. Continued

| Compound | Therapeutic or "normal" concn | Toxic concn | Lethal concn |
|-------------------------------------|-------------------------------|--------------------|--------------------------|
| DDT | 13 µg/liter | — | — |
| Desipramine (Norpramin) | 0.59–1.4 mg/liter | — | 10–20 mg/liter |
| Dextropropoxyphene (Darvon) | 50–200 µg/liter | 5–10 mg/liter | 57 mg/liter ^b |
| Diazepam (Valium) | 0.5–2.5 mg/liter | 5–20 mg/liter | >50 mg/liter |
| Dieldren | 1.5 µg/liter | — | — |
| Digitoxin | 1.7–2.1 µg/liter | — | 320 µg/liter |
| Digoxin | 0.6–1.3 µg/liter | 2–9 µg/liter | — |
| Dinitro- <i>o</i> -cresol | — | 30–40 µg/liter | 75 mg/liter |
| Diphenhydramine (Benadryl) | 5 mg/liter | 10 mg/liter | — |
| Ethinamate (Valmid) | 5–10 mg/liter | — | — |
| Diphenylhydantoin (Dilantin) | 5–22 mg/liter | 50 mg/liter | 100 mg/liter |
| Divinyl oxide | — | — | 700 mg/liter |
| Doxepin (Sinequan) | — | — | >10 mg/liter |
| Ethanol | — | 1.5 g/liter | >3.5 g/liter |
| Ethchlorvynol (Placidyl) | 5 mg/liter | 20 mg/liter | 150 mg/liter |
| Ethosuximide (Zarontin) | 25–75 mg/liter | — | — |
| Ethyl chloride | — | — | 400 mg/liter |
| Ethyl ether | 0.9–1.0 g/liter | — | 1.4–1.89 g/liter |
| Ethylene glycol | — | 1.5 g/liter | 2–4 g/liter |
| Fluoride | 0.5 mg/liter | — | 2 mg/liter |
| Gold (sodium aurothiomalate) | 3–6 mg/liter | — | — |
| Glutethimide (Doriden) | 0.2 mg/liter | 10–80 mg/liter | 30–100 mg/liter |
| Halothane (Fluothane) | — | — | 200 mg/liter |
| Hydrogen sulfide | — | — | 0.92 mg/liter |
| Hydromorphone (Dilaudid) | — | — | 0.1–0.3 mg/liter |
| Imipramine (Tofranil) | 0.05–0.16 mg/liter | 0.7 mg/liter | 2 mg/liter |
| Isopropanol | — | 3.4 g/liter | — |
| Iron | 500 mg/liter (erythrocytes) | 6 mg/liter (serum) | — |
| Lead | 0.05–1.3 mg/liter | 0.7 mg/liter | — |
| LSD (lysergic acid diethylamide) | — | 1–4 µg/liter | — |
| Lidocaine | 2 mg/liter | 6 mg/liter | — |
| Lithium | 4.2–8.3 mg/liter | 13.9 mg/liter | 13.9–34.7 mg/liter |
| Magnesium | 0.8–1.3 mmol/liter | — | 0.5 mmol/liter |
| Manganese | 0.15 mg/liter | 4.6 mg/liter | — |
| Mercury | 60–120 µg/liter | — | — |
| Meperidine (Demerol) | 600–650 µg/liter | 5 mg/liter | 30 mg/liter |

Table 2. Continued

| Compound | Therapeutic or "normal" concn | Toxic concn | Lethal concn |
|------------------------------------|-------------------------------|------------------|--------------------------|
| Meprobamate | 10 mg/liter | 100 mg/liter | 200 mg/liter |
| Methadone | 480–860 µg/liter | 2 mg/liter | >4 mg/liter |
| Methamphetamine | — | 5 mg/liter | 40 mg/liter |
| Methanol | — | 200 mg/liter | >890 mg/liter |
| Methapyrilene | 2 µg/liter | 30–50 mg/liter | >50 mg/liter |
| Methaqualone (Quaalude) | 5 mg/liter | 10–30 mg/liter | >30 mg/liter |
| Methsuximide (Celontin) | 2.5–7.5 mg/liter | — | — |
| Methylene chloride | — | — | >280 mg/liter |
| Methylenedioxyamphetamine (MDA) | — | — | 4–10 mg/liter |
| Methyprylon (Noludar) | 10 mg/liter | 30–60 mg/liter | 100 mg/liter |
| Morphine | 0.1 mg/liter | — | 0.05–4 mg/liter |
| Nickel | 0.41 mg/liter | — | — |
| Nicotine | — | 10 mg/liter | 5–52 mg/liter |
| Nitrofurantoin (Furadantin) | 1.8 mg/liter | — | — |
| Nortriptyline (Aventyl) | 1.2–1.6 µg/liter | 5 mg/liter | 13 mg/liter |
| Orphenadrine | — | 2 mg/liter | 4–8 mg/liter |
| Oxalate | 2 mg/liter | — | 10 mg/liter |
| Papaverine | 1 mg/liter | — | — |
| Paramethoxyamphetamine (PMA) | — | — | 2–4 mg/liter |
| Paraldehyde | 50 mg/liter | 200–400 mg/liter | 500 mg/liter |
| Pentazocine (Talwin) | 0.14–0.16 mg/liter | 2–5 mg/liter | 10–20 mg/liter |
| Perphenazine (Trilafon) | — | 1 mg/liter | — |
| Phencyclidine | — | <.5 mg/liter | 1.0 mg/liter |
| Phenmetrazine | — | — | 4 mg/liter |
| Phensuximide (Milontin) | 10–19 mg/liter | — | — |
| Phenylbutazone (Butazolidin) | 100 mg/liter | — | — |
| Phosphorus | concn in tissues usually used | | |
| Primidone (Mysoline) | 10 mg/liter | 50–80 mg/liter | 100 mg/liter |
| Probenecid (Benemid) | 100–200 mg/liter | — | — |
| Procaine amide | 6 mg/liter | 10 mg/liter | — |
| Prochlorperazine (Compazine) | — | 1 mg/liter | — |
| Promazine (Sparine) | — | 1 mg/liter | — |
| Propoxyphene | 50–200 µg/liter | 5–20 mg/liter | 57 mg/liter ^b |
| Propranolol (Inderal) | 0.025–0.2 mg/liter | | 8–12 mg/liter |

(continued)

Table 2. Continued

| Compound | Therapeutic or "normal" concn | Toxic concn | Lethal concn |
|--------------------------------------|-------------------------------|------------------|----------------|
| Propylhexedrine (Benzedrex) | — | — | 2–3 mg/liter |
| Quinidine | 3–6 mg/liter | 10 mg/liter | 30–50 mg/liter |
| Quinine | — | — | 12 mg/liter |
| Salicylate (acetylsalicylic acid) | 20–100 mg/liter | 150–300 mg/liter | 500 mg/liter |
| Sulfadiazine | 80–150 mg/liter | — | — |
| Sulfadimethoxine (Madribon) | 80–100 mg/liter | — | — |
| Sulfaguanidine | 30–50 mg/liter | — | — |
| Sulfanilamide | 100–150 mg/liter | — | — |
| Sulfisoxazole (Gantrisin) | 90–100 mg/liter | — | — |
| Strychnine | — | 2 mg/liter | 9–12 mg/liter |
| Theophylline | 20–100 mg/liter | — | — |
| Thioridazine (Mellaril) | 1–1.5 mg/liter | 10 mg/liter | 20–80 mg/liter |
| Tin | 0.12 mg/liter | — | — |
| Tolbutamide (Orinase) | 53–96 mg/liter | — | — |
| Toluene | — | — | 10 mg/liter |
| Tribromoethanol | — | — | 90 mg/liter |
| Trichloroethane | — | — | 0.01–1 g/liter |
| Trimethobenzamide (Tigan) | 1.0–2.0 mg/liter | — | — |
| Warfarin | 1.0–10 mg/liter | — | — |
| Zinc | 0.68–1.36 mg/liter | — | — |
| Zoxazolamine (Flexin) | 3–13 mg/liter | — | — |

* Some common brand names that may be more familiar than the generic name, alternative forms (e.g., aminophylline/theophylline), and the like are given parenthetically.

^b McBay reports much lower values.

not be considered absolute in light of the factors that can affect blood concentrations. The values represented are for adult man generally and via the oral route of administration, with obvious exceptions (e.g., chemicals that are inhaled).

It is my intent to periodically update the data as new information becomes available. Information, comments, and criticisms are welcome.

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