

The Nova Scotia Antidote Program is pleased to present another Quarterly Report, which provides information on changes and trends in antidote therapy and reports ongoing Provincial Antidote usage.

Antidote usage Oct 1 to Dec 31, 2018						
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	Quarterly Total	Year to Date
17	8	9	15	3	52	192

Antidote usage 2018 FULL YEAR					
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	2018 total
60	27	27	69	9	192

Highlights of antidote use during the past 3 months

A total of **52 antidotes** were used in **39 different patient cases**. Of these, 15 antidotes were used by community hospitals, 32 in regional facilities and 5 in tertiary hospitals.

- In 4 cases, patients initially presented to a community hospital and were transferred to a regional or tertiary hospital. These cases involved calcium channel blockers, beta-blockers and smoke inhalation. Because “poisoned” patients can present to any facility, Antidote Kits are found in ALL Emergency Departments across Nova Scotia.
- **Digoxin Immune Fab** (DigiFab) was reported to be used in 2 cases involving chronic digoxin toxicity. **Octreotide** was reported to be used in one case involving toxicity with a sulphonylurea.
- Use of Naloxone was reported for 18 patients. **To ensure we are tracking opioid overdose and naloxone use, please report cases where naloxone is used to the Poison Centre at 1-800-565-8161**

Antidote Use in Nova Scotia 2018 – Year in Review

- *High dose insulin* was used in 14 patients with calcium channel blocker or beta-blocker toxicity.
- *Sodium Bicarb* was used in 10 patients with ASA toxicity and 19 patients with wide QRS and drug toxicity
- *Hydroxocobalamin* was used in 3 patients with potential cyanide toxicity from smoke inhalation
- *Flumazenil* was used in 10 patients with exposure to benzodiazepines (although it’s use is generally not recommended in polydrug overdoses)
- *Fomepizole* was used in 5 patients with potential toxic exposure to methanol or ethylene glycol

COMING SOON..... A new N-Acetylcysteine (NAC) protocol for Acetaminophen Toxicity

In an effort to simplify dosing and decrease the incidence of medication administration errors, the IWK Regional Poison Centre will soon be recommending a **new 1-bag protocol with a single, standard concentration of NAC**. Instead of preparing 3 separate bags and administering 3 separate infusions, the new protocol will use a single bag with a standard concentration of NAC. An initial loading dose will be given over 1 hour, followed by a maintenance infusion for 20 hours.

Details and educations materials to come!