

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 April 1 to June 30, 2022						
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	Quarterly Total	Year to Date
13	6	6	29	0	54	88

### Highlights of antidote use during the past 3 months

A total of **54 antidotes** were used in **47 different patient cases**. Of these, 7 antidotes were used by community hospitals, 31 in regional facilities and 16 in tertiary hospitals.

- For the 2022 quarter #2 period, Naloxone remains as the most used antidote. It was used 18 times in known or suspected opioid toxicity. There was distribution in use over all hospital types.
- Digoxin Fab Fragments were used 5 times for suspected digoxin toxicity.
- In a case of suspected cyanide toxicity, there was use of Hydroxocobalamin with an accompanying dose of Sodium Thiosulfate. This antidote is generally used as an adjunctive treatment to Hydroxocobalamin. Sodium Thiosulfate acts as a sulfur donor which facilitates the enzymatic production of thiocyanate, a less toxic cyanide metabolite.

### N-Acetylcysteine Shortage (NAC)

N-Acetylcysteine, the antidote used to treat acetaminophen toxicity, is on back order until at least mid-December 2022. For now, there appears to be enough NAC stocked in hospitals to treat usual numbers of acetaminophen toxicity cases.

However, in anticipation of a possible shortage, we recommend consideration of the strategies listed below to preserve the current stock of NAC. If the shortage is extended beyond December, we will provide further instructions. Contact the poison centre if you are having trouble securing a supply of NAC.

- For acute acetaminophen exposures with <8 hours since the time of ingestion, avoid starting NAC based on history alone. Use the Rumack-Matthew nomogram.
- Continue to ensure patients receive decontamination (i.e., activated charcoal), if eligible.
- Call the Poison Centre for advice if the indication for NAC is unclear.
- Ensure NAC is stopped once criteria are met.
- In some cases, consider preparing smaller bags (ie 500ml bag instead of 1000ml) to avoid wastage.

### It is important to contact the Poison Centre for several reasons.

1. We can help with the management of patients with **acute or chronic drug toxicity** and with appropriate use of antidotes and other treatments. For example – we can help with assessing the need for Digoxin Immune Fab in chronic digoxin toxicity and recommend appropriate dosing.
2. As part of the Provincial Antidote Program, we are required to track the use of all antidotes.
3. Data from the Atlantic Canada Poison Centre is used to monitor and track exposures, including poisonings, overdoses, accidental exposures, adverse events etc. across Nova Scotia.

**Contact the Poison Centre – 1-800-565-8161**