

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 Jul 1 to Sep 30, 2025						
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	Quarterly Total	Year to Date
14	10	13	29	3	69	174

Highlights of antidote use during the past 3 months

A total of **69 antidotes** were used in **55 different patient cases**. Of these, 7 antidotes were used by community hospitals, 47 in regional facilities and 15 in tertiary hospitals.

- Naloxone was the most used antidote during the 2025 quarter #3 period. It was used 30 times in known or suspected opioid toxicity. There was distribution in use over all hospital types.
- Fomepizole was used 4 times to manage prevent metabolism of toxic alcohols and as adjunctive treatment for massive acetaminophen overdoses.
- High dose Insulin was used 6 times to manage hypotension due to calcium channel blocker and/or beta blocker toxicity. Both Amlodipine and Diltiazem were frequent causes of toxicity requiring antidote intervention.

Physostigmine for Anticholinergic Toxicity

Physostigmine can be used in select cases to improve agitation and delirium caused by anticholinergic toxicity. It is often administered alongside benzodiazepines and may reduce the need for high doses of these agents. Common causative agents include diphenhydramine and dimenhydrinate. However, physostigmine has several contraindications. It cannot be used in tricyclic antidepressant (TCA) overdose, with QRS widening greater than 100 ms, QTc greater than 500 ms, or any other cardiac conduction abnormality, including atrioventricular or intraventricular disturbances. It is generally not recommended for mixed or unknown poisonings. As a special access medication, clinicians should contact the Atlantic Canada Poison Centre when considering its use to ensure appropriate administration and adequate stocking.

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 when to use high-dose insulin therapy for beta-blocker toxicity may be indicated.
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