

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 1st, 2025 to Dec 31st, 2025						
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	Quarterly Total	Year to Date
10	8	15	26	0	59	233

Antidote usage 2025 FULL YEAR					
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	2025 total
48	28	58	90	9	233

Highlights of antidote use during the past 3 months

There was report of **59 antidotes** used in **54 different patient cases** in Nova Scotia. Of these, 6 antidotes were used by community hospitals, 35 in regional facilities and 18 in tertiary hospitals.

- Physostigmine was used in 4 cases to manage agitation and delirium due to anticholinergic toxicity. Most of the physostigmine was used in cases of diphenhydramine toxicity.
- Sodium Bicarbonate was used 14 times for a wide variety of indications: for drug or toxin-induced wide complex dysrhythmia, alkalinization of the urine and for toxin-induced metabolic acidosis.
- Naloxone was the most reported antidote, used in 26 cases of known or suspected opioid toxicity.

Reported Antidote Use in Nova Scotia 2025 – Year in Review

- Antidote use increased between 2024 and 2025, continuing the upward trend noted in years 2021-2023. There were 233 unique antidote uses reported in 2025, this is a 12.6% increase from last year.
- Physostigmine use has increased significantly this year from 4 uses in 2024 to 9 uses in 2025, a 125% increase.
- Digoxin Immune Fab fragments were used 6 times in 2025 to manage digoxin toxicity, increasing from 2 the year previous.
- Flumazenil use remained low this year, with only 2 uses reported in 2025. Flumazenil can be used for reversal of sedation due to benzodiazepine toxicity, but the risks of withdrawal and seizure outweigh the benefits in most situations.

In 2025, an antidote was used about every 1.57 days in an emergency department in Nova Scotia.

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 Octreotide for hypoglycemia due to acute or chronic sulfonylurea toxicity.
2. As part of the Provincial Antidote Program, we are required to track the use of all antidotes. We use this information to support the stocking of the antidotes to serve each hospital best.
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