



Nova Scotia Antidote Program

Quarterly Report:
January 1 to March 31, 2017

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 January 1 st – March 31 st 2017						
Western Zone 1	Northern Zone 2	Eastern Zone 3	Central Zone 4	IWK	Quarterly Total	Year to Date
9	8	12	27	0	56	56

Highlights of antidote use during the past 3 months

A total of 55 antidotes were used in 46 different patient cases. Of these, 7 antidotes were used by community hospitals and 36 in regional facilities. Twelve were used in tertiary hospitals.

- Use of Naloxone was reported for 24 patients
- Hydroxocobalamin was used in two cases of potential cyanide toxicity from smoke inhalation
- Sodium thiosulfate was used for one case of cyanide toxicity. This was the first reported use through the Antidote Program.
- Deferoxamine was used in two cases of iron poisoning
- Intralipids, indicated for use in an unstable patient for cardiac arrest or severe hemodynamic compromise due to drug toxicity, was used in 3 patient cases.
- Four patients were treated with fomepizole due to methanol or ethylene glycol toxicity

Naloxone and Emergency Preparedness in Nova Scotia

For help with management, and to ensure we are tracking opioid overdose and naloxone use, please contact the IWK Regional Poison Centre at 1-800-565-8161 to report cases where naloxone is used. Dosage and administration guidelines for naloxone, and other antidotes, can be found online at <http://iwkpoisoncentre.ca/manual.html>.

Change to Indication for Glucagon as an Antidote

Following review of recently published consensus recommendations, there has been a change in the indication for use of Glucagon on the Antidote Monograph. **Glucagon is NO LONGER recommended for Calcium Channel Blocker toxicity.** For further information, please refer to St-Onge M. et al. Critical Care Medicine. 2017. Volume 45:3; e306–e315 or contact the Poison Centre for a copy.

Glucagon is recommended as adjunctive treatment for beta-blocker toxicity. Intravenous fluids, vasopressors, and high-dose insulin with dextrose are considered first line treatments.