

Nova Scotia Antidote Program

Quarterly Report:
July 1, 2017 to Sept 30, 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 July 1 st to Sept 30 2017						
Western Zone 1	Northern Zone 2	Eastern Zone 3	Central Zone 4	IWK	Quarterly Total	Year to Date
8	13	5	28	3	57	173

Highlights of antidote use during the past 3 months

A total of **57 antidotes** were used in **47 different patient cases**. Of these, 12 antidotes were used by community hospitals, 26 in regional facilities and 19 in tertiary hospitals.

- Use of Naloxone was reported for 24 patients. This is similar to the use reported in the first two quarters of 2017 (24 and 22 patients, respectively).
- High dose insulin is considered first line treatment of toxicity due to calcium channel blockers or beta blockers. It was used in 6 different patients across the province.
- Glucagon is now recommended as adjunctive treatment only for beta-blocker toxicity. It is no longer recommended for calcium channel blocker toxicity. Glucagon was used in one case involving beta-blocker toxicity.
- Digoxin fab fragments was used in one patient to treat digoxin toxicity. Treatment was initiated at a community hospital, highlighting the importance of the Provincial Antidote Program and recommendations to stock important antidotes in both community and regional facilities.

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>.

Ipecac Syrup

It has come to our attention that some hospitals across Nova Scotia are continuing to stock IPECAC syrup in their Emergency Departments (EDs) for the treatment of potentially toxic ingestions. Ipecac syrup is NOT recommended for the treatment of poisoned patients and should not be stocked in EDs for this purpose. In 2004, the American Academy of Clinical Toxicology issued a position paper on the topic (Clinical Toxicology 2004, 42 (2), 133–143) in which they concluded that there was no evidence from clinical studies that ipecac improves outcomes in poisoned patients and its routine use in the ED should be abandoned.