

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 1 to Dec 31, 2017						
Western Zone 1	Northern Zone 2	Eastern Zone 3	Central Zone 4	IWK	Quarterly Total	Year to Date
13	9	12	16	1	51	224

Highlights of antidote use during the past 3 months

A total of **51 antidotes** were used in **42 different patient cases**. Of these, 14 antidotes were used by community hospitals, 31 in regional facilities and 6 in tertiary hospitals.

- The following antidotes were used in community hospital EDs: Calcium, fomepizole, glucagon, insulin, naloxone and sodium bicarbonate.
- Fomepizole is used to treat toxicity due to toxic alcohols (methanol or ethylene glycol). Fomepizole was used in 4 patients across Nova Scotia.
- Use of Naloxone was reported for 27 patients. This is similar to the use reported in the first 3 quarters of 2017. To ensure we are tracking opioid overdose and naloxone use, please continue to report cases where naloxone is used to the IWK Regional Poison Centre at 1-800-565-8161

IMPORTANT: Changes in Antidote Stocking Recommendations

Following a review of antidote usage across Nova Scotia over the past 11 years including where they were accessed and frequency of use, along with other factors including acquisition cost and proximity to other facilities, the Nova Scotia Antidote Program has updated its Antidote Stocking Recommendations for EDs. These recommendations ensure that the province has sufficient quantity of antidotes in appropriate locations across the province, with consideration of the costs of these medications.

- Two different Antidote Kits will be kept in hospital EDs – “Regional Kits” and “Community Kits”. Regional Kits will be located in regional hospitals across the province, including the IWK and DGH.
- Certain antidotes will be kept only at regional and tertiary hospitals (Dimaval, pralidoxime)
- Decreased quantity of certain antidotes kept at Community hospitals (i.e. atropine, digoxin immune fab, glucagon)
- In collaboration with NSHA Zone Emergency Chiefs and Pharmacy Departments, individual Collaborative Emergency Centres (CECs) can choose to carry a “Community Kit” or may choose to carry no antidote kit. **This decision may be based on such factors as location, specific population served and proximity to other hospitals.**
- The decrease in stock for DigiFab will be accompanied by updated dosing recommendations for both chronic and acute digoxin toxicity. ADDITIONAL DETAILS WILL FOLLOW.

PLEASE SEE UPDATED ANTIDOTE STOCKING RECOMMENDATIONS ACCOMPANYING THIS REPORT