

Nova Scotia Antidote Program

2019 Quarterly Report #1
Jan 1, 2019 to Mar 31, 2019

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 Jan 1 to Mar 31, 2019						
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	Quarterly Total	Year to Date
11	7	7	15	0	40	40

Highlights of antidote use during the past 3 months

A total of **40 antidotes** were used in **33 different patient cases**. Of these, 3 antidotes were used by community hospitals, 30 in regional facilities and 7 in tertiary hospitals.

- **Digoxin Immune Fab** (DigiFab) was reported to be used in 1 case involving chronic digoxin toxicity.
- Use of **Naloxone** was reported for 20 patients.
- A bolus of **Sodium Bicarb** was reported as given for sodium channel blockade (wide QRS) in 7 patients.

But we know these antidotes are used more often than reported!

- If a patient is seen in Emergency for a chronic toxicity, such as digoxin, staff may not consider this a “poisoning” and may not contact the Poison Centre.
- **It is important to contact the Poison Centre for a number of 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. Giving one or two vials of DigiFab may be more appropriate, just as effective and less expensive than giving more.
 2. As part of the Provincial Antidote Program, we are required to track the use of all antidotes.
 3. Data from the IWK 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

N-Acetylcysteine (NAC) protocol for Acetaminophen Toxicity

In our last Quarterly Report, we advised that we would be moving towards a new 1-bag protocol with a single, standard concentration of NAC. But - plans have changed!

The IWK Regional Poison Centre will be continuing to recommend the usual 3-bag NAC protocol for the foreseeable future.

Why? You may have heard that other provinces across Canada are in the process of switching to new NAC protocols, but these protocols / concentrations are not consistent with each other. We are concerned that there will be MORE confusion, instead of LESS, if we rush to change our protocol as we had planned. Changing to new protocol means different preparation instructions, new forms, education, smart pump programming and more.

We want to do this right. Our plan is to wait and learn from other jurisdictions. Our hope is that we can work towards a common national NAC protocol. We are working on stability data, and making sure we are compliant with national guidelines.

Change in Insulin Stocking Recommendation (for CCB and BB toxicity)

Large amounts of insulin may be required for the high dose insulin protocol. The NS Antidote Program is recommending that **40 mL regular insulin** be stocked for antidote purposes in the **Antidote Fridge Kit** to ensure dedicated antidote stock. The previous recommendation was 20 mL regular insulin in addition to insulin stocked for non-antidote purposes stored as regular ward stock.