

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, 2019						
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	Quarterly Total	Year to Date
6	3	6	17	3	35	162

Antidote usage 2019 FULL YEAR					
Western Zone	Northern Zone	Eastern Zone	Central Zone	IWK	2019 total
36	23	29	70	4	162

### Highlights of antidote use during the past 3 months

A total of **35 antidotes** were reported to be used in **31 different patient cases**. Of these, 8 antidotes were used by community hospitals, 20 in regional facilities and 7 in tertiary hospitals.

- In 4 cases, patients initially presented to a community hospital and were transferred to a regional or tertiary hospital. These cases involved ingestion of TCAs, salicylates or multiple drugs. Because “poisoned” patients can present to any facility, Antidote Kits are found in ALL Emergency Departments across Nova Scotia.
- Use of Naloxone was reported for 14 patients. **To ensure we are tracking opioid overdose and naloxone use, please report cases where naloxone is used to the Poison Centre at 1-800-565-8161**

### Reported Antidote Use in Nova Scotia 2019 – Year in Review

- *Fomepizole* was used in 8 patients with potential toxic exposure to methanol or ethylene glycol.
- *High dose insulin* was used in 11 patients with calcium channel blocker or beta-blocker toxicity.
- *Lipids* were used in 2 patients with severe toxicity from polydrug or street drug exposures.
- *Sodium Bicarb* was used in 11 patients with ASA toxicity and 11 patients with wide QRS and drug toxicity
- *Hydroxocobalamin* was used in 2 patients with potential cyanide toxicity; Sources of cyanide toxicity include smoke inhalation from fires and plants, such as apricot pits.
- *Flumazenil* was used in 6 patients with exposure to benzodiazepines (although it’s use is generally not recommended in polydrug overdoses)
- *Octreotide* was given to 6 patients with toxicity from sulphonylureas
- *Digoxin Fab Fragments* were reported to be used in 3 patients with chronic digoxin toxicity.

### IV PYRIDOXINE – CONTINUED SUPPLY ISSUES.....

There continues to be supply issues with our stock of IV pyridoxine for the Antidote Kit. Our current stock expired at the end of February 2020, and we are hoping for new supply within the next month or two. While we wait for new product to become available, there is a bottle of oral pyridoxine (250mg tablets) in each Antidote Kit. The dosing of pyridoxine given orally is the same as that given IV. It can be given as a slurry via NG tube. The online antidote monograph has been changed to reflect this new dosing route option and administration directions.

### PHYSOSTIGMINE - COMING SOON TO AN ANTIDOTE KIT NEAR YOU!

Physostigmine, indicated for severe anticholinergic syndrome (i.e. agitated delirium), will soon be available all antidote kits. We will be recommending that 4mg physostigmine be stocked in each antidote kit. More information and education to come...