- 1. Contact the Ontario and Nunavut Poison Centre (1-866-913-7897) for all suspected overdoses.
  - > The poison specialist may provide specific treatment protocols and recommendations.
- 2. The Canadian Antidote Guide is available online at:
  - https://www.ciusss-capitalenationale.gouv.qc.ca/en/antidotes
- 3. The Ottawa Hospital Parenteral Drug Therapy Manual (TOH PDTM)
  - > Blue binders in Medication Rooms at Qikiqtani General Hospital (QGH) and Community Health Centres.
- 4. CHEO Pediatric and Neonatal Manuals:
  - > Drug monographs are available online on the CHEO Outreach website (<a href="https://outreach.cheo.on.ca/home">https://outreach.cheo.on.ca/home</a>).
  - > Binders with the CHEO drug monographs printed are available in the Emergency Department and Inpatient Ward medication rooms at QGH.

#### **Recommendations for Community Health Centres (CHCs):**

- All of the Antidotes listed below for stocking in the CHCs should be stored together in a specific section of the health centre pharmacy room.
- This list of Antidotes should be printed and posted in the area with the Antidotes.
- The Antidotes should be reviewed regularly to ensure that the minimum quantities are in stock and the expiry dates are checked.

Therapeutic Agent	Treatment of	Minimun	n # of units	Order Set/		Res	ources		Special Supplies Required
	Poisoning by:	Regional Pharmacy	Hospital ER or CHC	Protocol					and Notes for Administration
		Filarillacy	EK OF CHC		ТОН	CHEO	CHEO	Canadian	Notes for Administration
					PDTM		Neonatal		
						Manual	Manual	Guide	
				IV N-Acetylcysteine	✓	<b>✓</b>		✓	500 mL and 1000 mL bags of
				(NAC) for					D5W should be stocked at all
Acetylcysteine 6,000	Acetaminophen	40	20	Acetaminophen Toxicity					times.
mg/30 mL inj vial	Acetaiiiiopiieii	40	20						Stores Order Codes:
									– 500 mL: 001225
									- 1000 mL: 001226
				Nunavut Immunization	$\checkmark$			No	Infuse via a non-pyrogenic, low-
				Manual					protein-binding in-line filter of
				Botulism Anti-Toxin					15-micron or less; smaller in-
Botulism Antitoxin				<u>Protocol</u>					line filters (e.g., 0.2 microns or
Heptavalent (BAT®)	Botulism	2-6	1	Only to be given as					1.2 microns) may be used but
50 mL vial				directed by the office of					may result in slower infusion.
				the CPHO.					(Ref: TOH PDTM)
									See bottom of table for Stores
									Order Codes for IV tubing.

Calcium Chloride 1,000 mg/10 mL inj syr	Calcium channel blockers,	20	10	<b>√</b>			<b>✓</b>	Administer by central line only. (Ref: Canadian Antidote Guide)
Calcium Gluconate 1,000 mg/10 mL inj vial	hydrofluoric acid burns	30	30	<b>√</b>	<b>√</b>	✓	<b>√</b>	
Charcoal, activated (without Sorbitol) 50 g /250 mL susp	Toxins which are bound by charcoal (numerous)	36	12	No			<b>V</b>	Activated charcoal has a grainy texture that can give it an unpleasant taste and make it difficult to swallow. Adding a flavouring agent (regular cola, cherry syrup) just before administration to patients can improve taste and acceptability.  Volume ratio of activated charcoal: cola 1:1  Activated charcoal: cherry syrup 6:1. (Ref: Canadian Antidote Guide)
Dantrolene 20 mg/vial inj	Malignant hyperthermia secondary to anesthetic	40-80 (QGH and Rankin)	0	<b>√</b>	<b>√</b>		<b>√</b>	
Deferoxamine 500 mg/ vial inj	Iron	48	24	<b>\</b>	<b>√</b>		<b>✓</b>	
Dextrose/Water 50% inj (50 mL PFS)	Hypoglycemic drugs (or use with insulin therapy)	50	25	<b>√</b>	<b>√</b>		<b>√</b>	
Digoxin Immune Fab 40 mg/ vial inj (DigiFab®)	Digoxin/digitalis glycosides	20	0	<b>√</b>			<b>✓</b>	
DMPS (2,3-dimercapto- 1-propane sulfonate) 250 mg/5 mL inj amp (available through SAP)	Lead, mercury, arsenic	10	0	No			√ Under Chelating agents	Consult package insert.
Flumazenil 0.5 mg/5 mL inj vial	Benzodiazepines	10	10	<b>√</b>	✓		<b>√</b>	
Folic acid 50 mg/10 mL inj vial	Methanol	8	6	<b>✓</b>	✓		<b>√</b>	

Fomepizole 1.5 g/vial inj	Methanol, ethylene glycol	4	2		<b>√</b>	✓		<b>√</b>	
Glucagon 1 mg/vial inj	Calcium channel blockers, beta blockers	60	20		<b>✓</b>	<b>√</b>	<b>V</b>	<b>V</b>	Note: Some glucagon preparations are intended for IM administration only according to the monograph (e.g., Glucagen®), however, IV (off-label) administration is preferred and acceptable. (Ref: Canadian Antidote Guide)
Hydroxocobalamin inj kit (2 x 2.5 g) (Cyanokit®)	Cyanide, acetonitrile	4 kits	2 kits Baker Lake Only		<b>✓</b>	<b>√</b>		<b>✓</b>	The IV infusion set supplied with the kit must be used, as it contains an appropriate filter and is to be primed with the reconstituted solution.  However, it is not compatible with some pumps; if this is the case, it would need to be administered by gravity.  (Ref: Canadian Antidote Guide)
Human Prothrombin Complex Concentrate (PCC) (supplied by Lab)	Apixaban, Rivaroxaban	1	0	Policy and Procedure for the Administration of Human Prothrombin Complex Concentrate (PCC), Feb 2021	<b>√</b>			No	Reconstitute the powder with the provided diluent and transfer filter set according to manufacturer's instructions. (Ref: TOH PDTM)
IdaruCIZUmab (2 x 2.5 g vials) (Praxbind®)	Dabigatran	1 (2 x 2.5 g)	0	Nunavut Life- threatening Bleeding Algorithm	✓			No	

Insulin Regular 100 units/mL vial	Beta blockers, Calcium channel blockers	20	5		<b>✓</b>	~	•	Continuous IV infusion: Due to the adsorption of insulin into PVC material (bags, tubes), the actual quantity of bioavailable insulin is slightly lower than the quantity prepared. Consequently, infusion rate adjustments must be based on observed clinical effect rather than on the prepared insulin dose.  Before connecting, flush out the first 10 - 20 mL of the solution (to avoid adsorption of insulin into PVC).  (Ref: Canadian Antidote Guide)
Leucovorin 50 mg/5 mL inj vial	Methotrexate, methanol	12	6	<b>√</b>	<b>√</b>		<b>√</b>	
Lipid Emulsion 20% bag (Fat Emulsion) (250 mL)	Local anesthetics, other cardiotoxic medications	10	5	<b>V</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	TOH PDTM:  - A filter is not necessary when fat emulsions are administered as a single agent.  - Use a non-DEHP administration set for all brands of fat emulsions.  Note: All IV tubing in Nunavut is non-DEHP. See bottom of table for Stores Order Codes.  Canadian Antidote Guide: May be infused via peripheral or central lines. DEHP tubing is not required and no in-line filter is required.
Methylene Blue 50 mg/ 5 mL inj vial	Methemoglobin- emia (e.g., due to nitrites, dapsone, local anesthetics, phenazopyridine)	16	8	<b>√</b>	<b>√</b>		<b>√</b>	

Naloxone 0.4 mg/mL inj amp	Opiates, opioids	100	40	Included on the Adult Epidural and Intrathecal Opioid Order Set and the Fentanyl Citrate for Obstetrical Analgesia Order Set	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	
Octreotide 0.1 mg/mL inj vial	Sulfonylureas (hypoglycemia)	10	3		✓	<b>√</b>	<b>√</b>	<b>√</b>	
PEG solution (4 L) (supplied by Stores)	Iron, some SR preparations	6	2		No			✓	Stores Order Code: 001391 (Golytely®)
Protamine Sulfate 50 mg/5 mL inj vial	Heparin (including LMWH)	10	3		✓	<b>√</b>		<b>√</b>	
Pyridoxine 3,000 mg/ 30 mL inj vial	High dose Isoniazid (seizures)	10	4		✓	<b>√</b>	<b>√</b>	<b>√</b>	
Sodium Bicarbonate 8.4% 50 mmol/50 mL inj syr	TCAs, Cocaine, Salicylates	40	20		<b>√</b>	<b>√</b>	<b>✓</b>	<b>√</b>	warning: Flush IV tubing before and after administering sodium bicarbonate to prevent incompatibilities and the inactivation of other drugs. (Ref: Canadian Antidote Guide)
Thiamine 100 mg/1 mL amp	Ethanol (thiamine deficiency associated with chronic alcoholism) ethylene glycol (cofactor)	20	5		<b>√</b>	<b>√</b>		<b>√</b>	
Vitamin K1 10 mg/mL inj amp (phytonadione)	Warfarin, rodenticides	20	10		<b>√</b>	<b>~</b>	<b>√</b>	✓	For PO administration use the injectable formulation diluted in juice. (Ref: Canadian Antidote Guide)

#### Primary PlumSet™ Tubing available from Stores (all non-DEHP):

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Stores Order Code	Supplier #	Description
001259	14687-28	Primary PlumSet™, Clave™ Y-Site, 103 Inch
016980	14255-28	Primary PlumSet™, Clave™ Y-Site, 0.2 Micron Filter, PE-Lined Tubing, 104 Inch
021353	14254-28	Primary PlumSet™, Clave™ Y-Sites, 0.2 Micron Filter, 112 Inch
021352	12539-05	Primary PlumSet™, Macrobore, Clave™ Y-Site, 1.2 Micron Filter, 104 Inch