
Clinical toxicology and Drug and Poison Information Centre

BC Drug and Poison Information Centre

British Columbia

The most common drug related generic categories & generic substances from Jan to Aug 2017 were Analgesics, Sedative/Hypnotics/Antipsychotics, Stimulants and Street Drugs, Cardiovascular drugs, Vitamins, Hormones and Hormone Antagonists, Dietary Supplements/Herbals/ Homeopathic, Antihistamines, Topical preparations and Antimicrobials respectively.

Poison Information (24-Hour Line) is available: 604-682-5050 for the lower mainland and 1-800-567-8911 for the lower mainland.

Guidelines for Stocking of Antidotes in Hospitals

An expert panel representing diverse perspectives considered 45 antidotes recommended a guideline for "Stocking of Antidotes in Hospitals That Provide Emergency Care" based on consensus:

- 44 antidote need stocking
- Of which 23 should be immediately available
- Stock in a location that allows immediate availability
- Another 14 antidotes were recommended for availability within 1 hour of the decision to administer (stocking in the hospital pharmacy)
- Hospitals perform a formal antidote hazard vulnerability assessment for antidote stocking.¹

Do abuse deterrent opioid formulations work?

"In Australia, Canada, and the United States, reformulation of oxycodone ER was followed by marked reduction in measures of abuse.

The precise extent of reduced abuse cannot be calculated because of heterogeneous data sets, but the reported reductions ranged from 10 to 90 percent depending on the measure and the duration of follow-up."² -- A report from 2017

Lipid resuscitation in acute poisoning A report from a decade literature

Intravenous lipid emulsion has been used for the reversal of various drug toxicities.

Authors concluded that evidence supports using bolus doses of intravenous lipid emulsion, while infusion rates are still debatable.³ -- A report from 2017

References

1. Dart RC, Goldfrank LR, Erstad BL, et al. Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care. *Ann Emerg Med* 2018;**71**(3):314-25 e1.
2. Dart RC, Iwanicki JL, Dasgupta N, et al. Do abuse deterrent opioid formulations work? *J Opioid Manag* 2017;**13**(6):365-78.
3. Hoegberg LCG, Gosselin S. Lipid resuscitation in acute poisoning: after a decade of publications, what have we really learned? *Curr Opin Anaesthesiol* 2017;**30**(4):474-79.