

Pick Your Poison: BC Drug and Poison Information Centre



Link: <http://www.dpic.org/>

The BC Drug and Poison Information Centre (BC DPIC) is a valuable resource for physicians, offering expert guidance on drug toxicity, poison management, and therapeutic interventions. It provides access to a wealth of information, enabling health care professionals to make informed decisions in critical situations.

BC DPIC is available for consultation 24/7, ensuring that physicians can receive timely support for managing complex cases involving drug or poison-related emergencies. BC DPIC also developed antidote stocking guidelines which offer valuable insights into the availability of antidotes at local hospitals and treatment centres. Additionally, these guidelines identify therapeutic agents that are included in Health Canada's Special Access Program (SAP).

ANTIDOTE STOCKING GUIDELINES FOR B.C. HOSPITALS BC Drug & Poison Information Centre: Updated Aug 2, 2024

Therapeutic Agent	Treatment of Poisoning by:	Unit size	Regional and Main Depot	Local Hospital	Treatment Centre	Notes: Quantities are based on an 80 kg patient. Larger amounts may be required, according to case volume and/or time to transfer patient out (or get more antidotes in). A "Treatment Centre" is a HCF which provides emergency care, but lacks inpatient beds.
Acetylcysteine Inj	Acetaminophen	2 g/10 mL vials	32	16	10	Large acetaminophen overdoses requiring higher acetylcysteine doses and longer treatment courses are becoming more common.
Activated Charcoal <i>without</i> sorbitol	Toxins which are bound by charcoal	50 g/225 mL bottle	8	3	3	
Atropine sulfate Inj	Organophosphate & Carbamate insecticides	0.6 mg/mL amp	150	50	50	High doses may be required for organophosphate poisonings.
Black widow spider antivenin Inj (*SAP)	Black Widow Envenomation	1 vial (2.5 mL)	1	0	0	Manufacturer keeps supply in Montreal
Calcium Chloride Inj	Calcium Channel blockers	1 g/10 mL vial	20	10	10	Central line preferred for IV administration. Cannot be used topically.
Calcium Gluconate Inj	Hydrofluoric acid burns (topical, SC); Calcium Channel blockers	1 g/10 mL vial	20	10	10	Recommend stocking both calcium gluconate and calcium chloride. If only stocking one agent, choose calcium gluconate. Gluconate preferred for topical use or SC infiltration in hydrofluoric acid burns. Calcium chloride can only be given via central line. If only have peripheral line, use calcium gluconate. Note: chloride salt provides 3x more calcium per gram than gluconate salt.
Crotalidae Polyvalent Fab Antivenin Inj (*SAP)	Rattlesnake (Crotalidae) Envenomation	1 vial	12 to 24	12	0	For HCF fulfilling any one of the following criteria: A) located in region where rattlesnakes are indigenous (southern and central interior BC); B) catchment area includes a known population of captive rattlesnakes (e.g. aquarium, nature park, academic institution); C) 3 rd HCF which may receive snake bite victims transferred from other regions.
Deferoxamine Inj	Iron	500 mg/vial	30	15	10	
Digoxin Immune Fab Inj	Digoxin/Digitalis glycosides	40 mg/vial	10	5	0	Recommended at all HCF able to measure serum digoxin levels. Optional for HCF <i>without</i> on-site digoxin levels if use is infrequent AND a supply can be obtained from a neighbouring HCF within ~1 hour.
Dimercaptopropane sulfonate (DMPS) Inj (*SAP). For Future Use	Lead, Mercury, Arsenic	250 mg/5 mL vial	10	0	0	Distribute so that DMPS can be administered within 6 hours, assuming that the most rapid form of emergency transport will be used to transport either the patient or the drug. One depot required at/near pediatric specialty hospital.

Poison Information (24-Hour Line): 1-800-567-8911 or 604-682-5050

Drug Information Line (For BC Healthcare Professionals Only): 1-866-298-5909 or 604-707-2787 (Mon – Fri, 9 am to 4 pm).

Image: http://www.dpic.org/sites/default/files/AntidoteStockingGuidelines_Updated_Aug2_2024Final.pdf