resources, such as those found in the Box, with patients so they can test their homes and take mitigating steps where possible. ■

**—Claudine Henoud, MD, MPH**
**Public Health and Preventive Medicine Resident, University of British Columbia**

**—Jeffrey Trieu, MPH**
**Senior Epidemiologist, Environmental Health Services, BCCDC**

**—Anne-Marie Nicol, PhD, MES**
**Environmental Health/Knowledge Translation Scientist, Environmental Health Services, BCCDC**

**—David McVea, MD, PhD, MPH**
**Public Health Physician, Environmental Health Services, BCCDC**

**BOX. Additional information about radon.**

- **Radon, BC Centre for Disease Control:** www.bccdc.ca/health-info/prevention-public-health/radon.
- **Radon and smoking, Take Action on Radon:** https://takeactiononradon.ca/smoking-and-radon/.
- **Test kit information, Take Action on Radon:** https://takeactiononradon.ca/provinces/british-columbia/.
- **Find a professional, Canadian National Radon Proficiency Program:** https://c-nrpp.ca/find-a-professional/.

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## BC moving to simplified IV N-acetylcysteine protocol for acetaminophen overdose

The BC Drug and Poison Information Centre (DPIC) will be transitioning to a standardized pan-Canadian protocol for IV N-acetylcysteine (NAC) for the treatment of acetaminophen overdose.

The current three-bag regimen will be replaced by a single concentration given in two steps. DPIC is prepared to launch the provincewide transition to the revised protocol by 1 November 2026, although individual health authorities may launch at earlier or later dates. The goal is for all BC health authorities to complete the transition by the end of 2026.

The change is in response to safety concerns raised by the Institute for Safe Medication Practices Canada, which identified inconsistent protocols and complex dosing stages as contributors to NAC infusion errors.[1] The traditional three-bag regimen required three separate preparations and concentrations, and medication errors have been reported in up to 33% of cases.

The new regimen uses a standardized 3% (30 mg/mL) solution, and the simplified protocol involves administering a loading dose of 150 mg/kg over 1 hour, then reducing the infusion rate to 15 mg/kg/hour as a continuous maintenance infusion for at least 20 hours. The total dose of NAC delivered over the first 21 hours is 450 mg/kg, compared with 300 mg/kg with the three-bag protocol, providing greater protection in cases of massive overdose or established hepatotoxicity. In addition, the revised protocol no longer requires ad hoc dose adjustment in massive overdoses or for patients on hemodialysis.

The new protocol also includes clearer stopping criteria, with the infusion continued until all of the following are met:

- Acetaminophen is below 66 µmol/L.
- Alanine aminotransferase and/or aspartate aminotransferase is normal or declining by more than 25% from peak.
- INR is below 2.0 and falling (without the use of fresh frozen plasma).
- The patient is clinically well, without evidence of encephalopathy.

Order sets, infusion references, and monographs in each health authority will be aligned with the revised protocol. Clinicians who manage acetaminophen overdose are encouraged to review the changes and the order sets at their local institutions.

DPIC is available 24 hours a day at 1 800 567-8911 for advice on suspected or confirmed acetaminophen overdose and for questions about the transition.

For more information from DPIC, see the N-acetylcysteine (NAC) 2 Dose for Acetaminophen Toxicity Resource Page: www.dpic.org/content/n-acetylcysteine-nac-2-dose-acetaminophen-toxicity-resource-page.

**—Daniel Ovakim, MD, FRCPC**
**Medical Toxicologist, BC Drug and Poison Information Centre**

### Reference

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