Supplementary Table 1. Details of the patients who died.

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| --- | --- | --- | --- | --- | --- | --- |
| Sex/age | First serum digoxin conc (nmol/L) | No. vials Digoxin- Fab (40mg) | HR bpm before & after Digoxin- Fab | K(mmol/L) before & after Digoxin- Fab | Cr(µmol/L) on admission | Details |
| F69\* | 4.7 | 1 | 120->120 | 6.1->5.9 | 196 | Respiratory & cardiac failure |
| F72\* | 5.5 | 2 | 73->73 | 6.6->6.4 | 167 | Severe CCF |
| F87\* | 3.1 | 2 | 65->71 | 7.5->6.2 | 237 | Respiratory & cardiac failure |
| F90\* | 5 | 2 | 64->62 | 7.2->5.2 | 429 | Urosepsis, shock, chronic renal failure |
| F83\* | 3.3 | 1 | 52->60 | 4.7->4.9 | 100 | Respiratory failure, shock |
| F89\* | 3.1 | 2 | 34->40 | 6->6 | 174 | Cardiac failure, pleural effusion |
| F86\* | 5.5 | 1 | 29>63 | 4.9->4.6 | 460 | Cardiac & respiratory failure, anuric renal failure |
| F71\* | 5.6 | 3 | 38->41 | 8.2->10 | 290 | Cardiac & respiratory failure, anuric renal failure Hyperkalaemia failed to respond to treatment. |
| M82\* | 4.6 | 3 | 20->32 | 5.5->4.9 | 187 | Persistent shock despite Digifab |
| M82\*\* | 6.4 | 2+3 | 39->  VT/VF ->110 | 4.1->4.8 | 124 | Patient was initially not treated with Fab. Next day patient developed VT/VF arrest, return of spontaneous circulation with anti-dig Fab and advanced cardiac life support but died later with cardiogenic shock. |
| F91\*\* | 3.9 | 0 | 55 | 4.4>4.8 | 138 | Palliation due to urosepsis |
| M76\*\* | 3.1 | 0 | 57->65 | 5.2>4.8 | 187 | Admitted for 12 days, digoxin level normalised. Has severe AS, ischaemic cardiomyopathy. On D12, he has percutaneous aortic valvuloplasty, complicated by exacerbation CAL. He developed cardiogenic shock & died on D13. |
| M82\*\* | 4.3 | 0 | 65->65 | 4.3->4.8 | 413 | Patient was palliated for multiple medical problems. |
| M73\*\* | 3.8 | 0 | 45->49 | 8.2->7.1 | 240 | Hyperkalaemia was treated. Patient has aspiration pneumonia and acute on chronic kidney injury. He was palliated. |
| M87\*\* | 9 | 0 | 66->75 | 5.3->6 | 647 | Patient was palliated for multiple medical morbidities & pneumonia. |
| F81\*\* | 4.7 | 0 | 64->65 | 7.8->6.8 | 170 | Died from CCF, COPD, VF. Not for resuscitation. |

CCF: congestive cardiac failure, CAL: chronic airway limitation.

\*Treatment group with digoxin specific Fab.

\*\*Control group but 1 patient received Digifab when he developed VT/VF next day.

Supplementary Table 2. Details of the 7 patients who had ventricular tachycardia.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Sex/Age | Serum digoxin conc (nmol/L) | No. vials Anti-Dig Fab  (40 mg) | K(mmol/L) before and after anti-dig Fab | Initial Cr (µmol/L) | Initial rhythm/  HR(bpm) | Other treatment | Details |
| F83  (Excluded in analysis) | 3.5 | 2 | 6.1->4.6 | 193 | Sinus/45 | Treatment for hyperkalaemia, | Polymorphic VT likely to be caused by cardiac disease |
| M71  (Excluded in analysis) | 4.9 | 1 | 5.6->5 | 128 | 80 paced rhythm | ICD/PPM, DC shock in 6 episodes,  lignocaine & amiodarone  pacemaker | 45 episodes polymorphic VT/VF. ICD discharge, likely to be caused by cardiac disease. |
| F72 (excluded in analysis) | 3.6 | 1 | 4.6->3.8 | 125 | AF/72 | Beta-blocker | IHD, AVR, CCF, tricuspid annuloplasty,  Runs of VT |
| M83  (Fab group) | 3.3 | 2 | 9.2->7.2 | 281 | AF/56 | Treatment for hyperkalaemia, CVVHD,  Amiodarone, | Conscious VT post anti-dig Fab, likely caused by hyperkalaemia, spironolactone & AKI |
| F68  (Fab group) | 3.4 | 3 | 5.9->6.4 | 351 | Sinus/40 | Treatment for hyperkalaemia, amiodarone | VT post anti-dig Fab, likely caused by hyperkalaemia |
| F53  (Observed group) | 2.3 | 2 | 8.4->4.1 | 601 | AF/82 | Ablation, PPM | AVNRT, rapid AF, atrial flutter, VT 1 day before Fab likely caused by cardiac disease, hyperkalaemia, CRF on HD |
| M82  (Observed group) | 6.4 | 2 | 4.1->4.8 | 125 | AF/39 | 9 DC shocks, ACLS & Fab. | VT/VF next day, died from hypoxic brain damage |

VT: ventricular tachycardia, VF: ventricular fibrillation, ICD: implanted defibrillator, IHD: ischaemic heart disease, AVR: aortic valve replacement, CCF: congestive cardiac failure, AKI: acute kidney injury, PPM: permanent pacemaker, AVNRT: atrio-ventricular nodal re-entry tachycardia, AF: atrial fibrillation, CVVHD: continuous veno-venous haemodialysis, CRF: chronic renal failure, HD: haemodialysis, DC: direct current, ACLS: advanced cardiac life support, Fab: digoxin specific Fab.