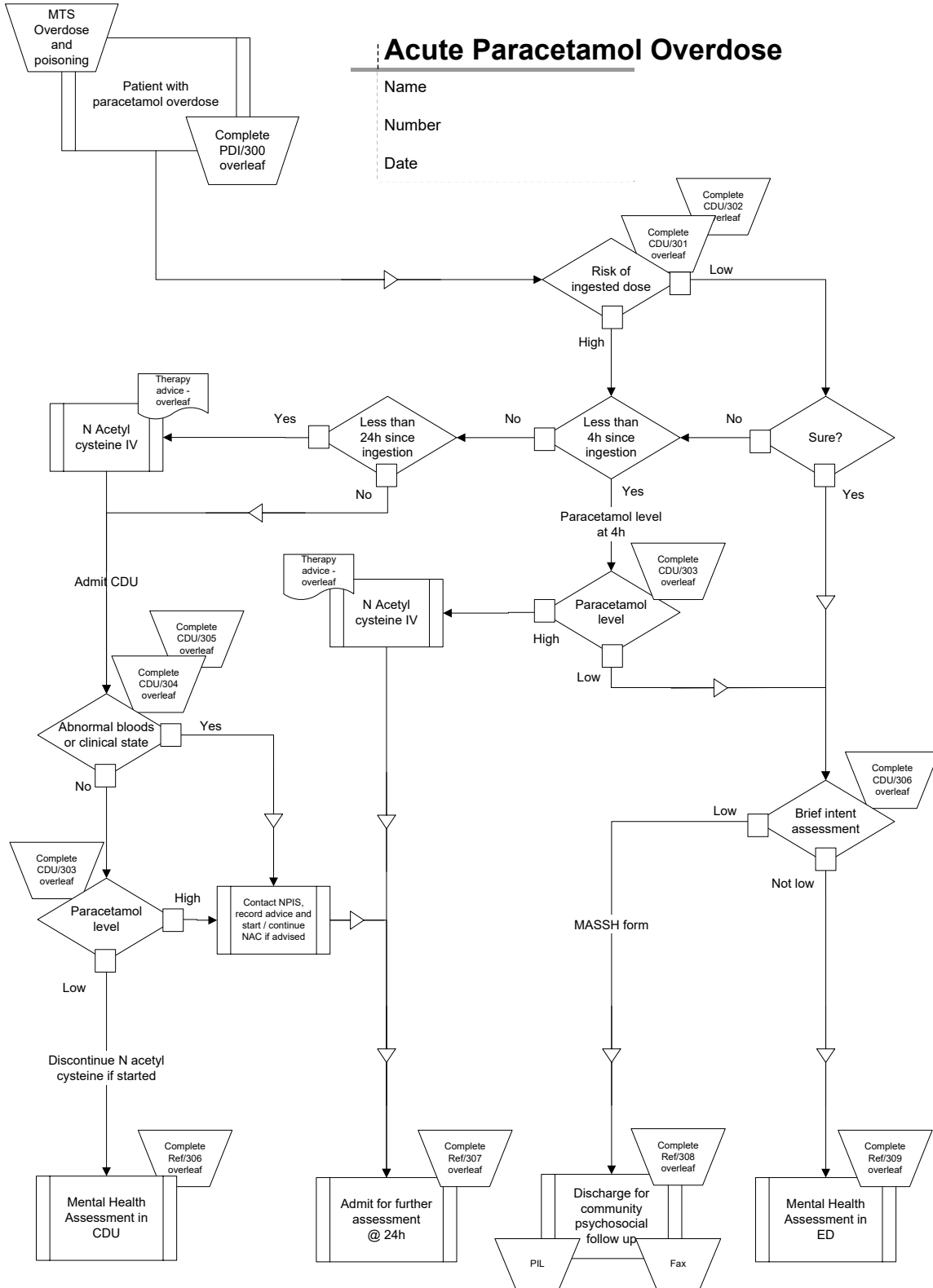


## Acute Paracetamol Overdose



Produced By:	Bernard Foex	Protocol number	2009-30 v2.0
Authorised By:	Consultants Emergency Department	Date of issue	18/6/2009
Approved By:	Clinical Director Emergency Services	Date of review	17/6/2012

**PDI/300: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (ALL YES)**

Acute single paracetamol overdose is the primary complaint (2007-31 if staggered)	Yes	No
No need for immediate resuscitation	Yes	No
Order: T, P, R, Weight, SaO <sub>2</sub> , Glucose, + [Paracetamol, U&E, PT, INR, LFTs] if > 4h		

**CDU/301: CLINICAL RISK OF LIVER ENZYME INDUCTION (ANY YES)**

Malnutrition (including eating disorders)	Yes	No
Cachexia	Yes	No
Chronic alcohol abuse (> 21 units per week if male, > 14 units per week if female)	Yes	No
Liver enzyme inducing drugs <sup>1</sup>	Yes	No

<sup>1</sup> includes phenytoin, carbamazepine, rifampicin, barbiturates. If in doubt consult BNF

**CDU/302: HIGH RISK INGESTED DOSE (ANY YES)**

Adult > 12 g (24 x 500 mg tablets) Child > 150 mg/kg with no liver enzyme induction	Yes	No
Adult > 7.5 g (15 x 500 mg tablets) Child > 75 mg/kg with induced liver enzymes	Yes	No
Dose uncertain in adult or maximum possible dose > toxic levels above in a child	Yes	No

**CDU/303: HIGH PARACETAMOL LEVEL (ANY YES)**

Over higher treatment line if no liver enzyme induction	Yes	No
Over lower treatment line if liver enzymes induced	Yes	No

**Antidote Treatment Advice**

If N-Acetylcysteine (NAC) is required 150 mg/kg should be given over 15 min followed by 50 mg/kg over 4 h then 100 mg/kg given over 16 h. The required dose should be diluted in dextrose 5%. Calculate the dose using the dose calculator below. In the case of known allergy to NAC or if no access then methionine (2.5 g stat in adults and repeated 4hrly x 3) should be given orally

**Dose calculator**

	Dose /kg	Weight (kg)	=	mg NAC	
1	150 mg	X	=		to be infused in 200 ml (3ml/kg) of 5% dextrose over 15 min
2	50 mg	X	=		to be infused in 500 ml (7ml/kg) of 5% dextrose over 4 h
3	100 mg	X	=		to be infused in 1000 ml (14 ml/kg) of 5% dextrose over 12 h

NB Doses of NAC in children are the same - volumes of fluid infusion in children are given in brackets

**CDU/304: ABNORMAL BLOOD LEVELS (ANY YES)**

INR > 2.0 or PT > 30 sec	Yes	No
Creatinine > 200	Yes	No
Bicarbonate < 18	Yes	No
Glucose < 3.5	Yes	No
Any abnormality on LFTs	Yes	No

**CDU/305: ABNORMAL CLINICAL STATE (ANY YES)**

Drowsiness	Yes	No
Nausea or vomiting	Yes	No
Liver pain or tenderness	Yes	No
Encephalopathy	Yes	No

**CDU/306: BRIEF INTENT ASSESSMENT (Higher if ANY YES)**

Past history of self-harm	Yes	No
Current or previous treatment for psychiatric disorder	Yes	No
Benzodiazepines involved in the present overdose	Yes	No

<b>Ref/307:</b> Admission to CDU discussed and agreed	
<b>Ref/308:</b> Acute medical referral discussed and agreed	
<b>Ref/309:</b> Discharge for community psychosocial assessment discussed and agreed	
<b>Ref/310:</b> Mental health assessment discussed and agreed	

Produced By:	Bernard Foex	Protocol number	2009-30 v2.0
Authorised By:	Consultants Emergency Department	Date of issue	18/6/2009
Approved By:	Clinical Director Emergency Services	Date of review	17/6/2012