

Paracetamol (APAP) – Acute Single Ingestion of Immediate-Release Preparation

This guideline covers the management of immediate-release paracetamol taken in overdose in a single ingestion (over <60 minutes)

If paracetamol has been deliberately ingested in multiple doses over > 60 minutes, then please consult a clinical toxicologist for Rx advice

Toxicity / Risk Assessment

Risk of acute liver injury if:
>200 mg/kg OR >10 g
(whichever is less)

Plot paracetamol conc. [APAP]
>4 hours post ingestion on
nomogram

Administer N-acetylcysteine
if above treatment line

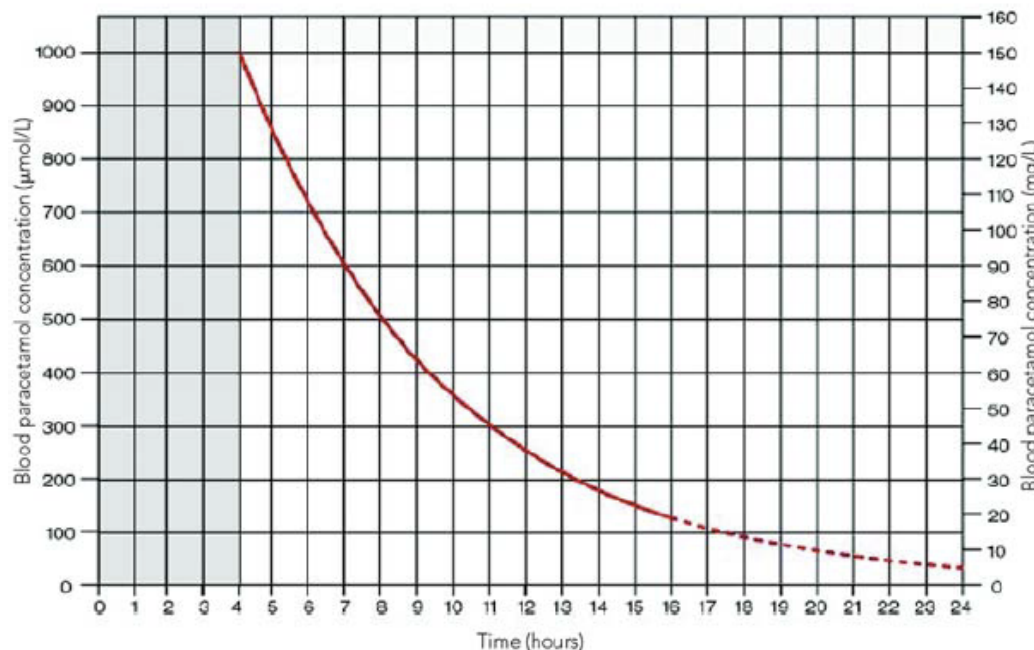
Clinical features:

- Usually asymptomatic
- GI: abdominal pain, nausea, vomiting

N-acetylcysteine (NAC):

- Glutathione donor
- Dosing:
see separate guideline

Time post ingestion	Management: [APAP]= paracetamol concentration
0-2 hours	- Activated charcoal if ingested >200mg/kg or 10 g (whichever is less) in a cooperative patient. - Plot [APAP] at 4 hours post ingestion.
2-4 hours	- Plot [APAP] at 4 hours post ingestion.
4- 8 hours	- If [APAP] WILL NOT BE available <8 hours of ingestion, start NAC (if ingested dose >200mg/kg or 10 g). - Discontinue NAC if [APAP] below treatment line. - If [APAP] IS AVAILABLE WITHIN 8 hours, start NAC if [APAP] above treatment line
8-24 hours	- Start NAC and obtain [APAP}. Continue NAC if [APAP] above treatment line.
> 24 hours	- Start NAC and obtain [APAP] and LFT. Continue NAC if [APAP] detectable or ALT >50 IU/L



* After full course of NAC, if ALT abnormal or INR >1.3, may require further NAC
(discuss with Clinical Toxicologist)

* Recheck [APAP] at the end of infusion for **ingestion >30 g**. Continue NAC if [APAP] remains detectable

* Check INR if ALT abnormal