

## ED Management of Paracetamol Overdose in Adults

First Name.....	M/F	Date .....	Time presented .....
Last Name.....		Time seen by Dr/ANP .....	
Address.....			
Hospital Number: RXR.....		NHS Number: .....	
GP.....		Religion.....	

\* Ingestion of a licensed dose, ie. 4g in a 24 hour period, in an adult is NOT considered an overdose

	ACTION	DONE	COMMENTS	TIME/SIGN	
All Patients at Triage	Date of ingestion: 00/00 Time of ingestion: 00:00 to 00:00				
	Calculate amount in mg: _____ mg				
	Weigh Patient: _____ Kg (Maximum 110Kg in obese patients)				
	Is patient pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Pre-pregnancy Weight (to calculate toxic dose) ____ Kg				
	Current Weight (to calculate Acetylcysteine - Max 110Kg) ____ Kg				
	Calculate amount per Kg: _____ mg/Kg				
	Administer 50g Activated Charcoal if ingested more than 150mg/kg within the hour prior to triage				
	Bloods for Toxscreen, FBC, U&E, VBG (incl' Lactate), LFT and INR 4hrs post-ingestion. (At triage if late/uncertain time/staggered) <b>Do Not take bloods before 4 hrs post-ingestion.</b>			Bloods due @ 00:00	
	Start Mental Health Assessment Document if appropriate				
<b>Is Urgent Treatment Required at Triage?</b> Clinical Features of Hepatic Injury (Jaundice, hepatic tenderness) Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>At Triage:</b> Acetylcysteine Prescribed: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Time 00:00 Sign _____ Acetylcysteine Commenced: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Time 00:00 Sign _____		
Time of ingestion <b>uncertain AND</b> last ingestion less than 24 hours ago <b>AND</b> 150mg/Kg or more ingested? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Staggered OD (taken over longer than 1 hour) <b>AND</b> last ingestion less than 24 hours ago Yes <input type="checkbox"/> No <input type="checkbox"/>					
Bloods CANNOT be taken AND acted upon within 8 hours post-ingestion <b>AND</b> patient presented less than 24 hours post-ingestion <b>AND</b> 150mg/Kg or more ingested? Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Please Note:</b> Treatment may be commenced when 75-150mg/Kg paracetamol has been ingested. However, this is at the discretion of the assessing clinician after patient assessment.		
<b>If YES to ANY of the above Commence Acetylcysteine Urgently. See BOX 1 Overleaf.</b>					
<b>If certain that last ingestion is greater than 24 hours ago wait for bloods unless features of hepatic injury.</b>					

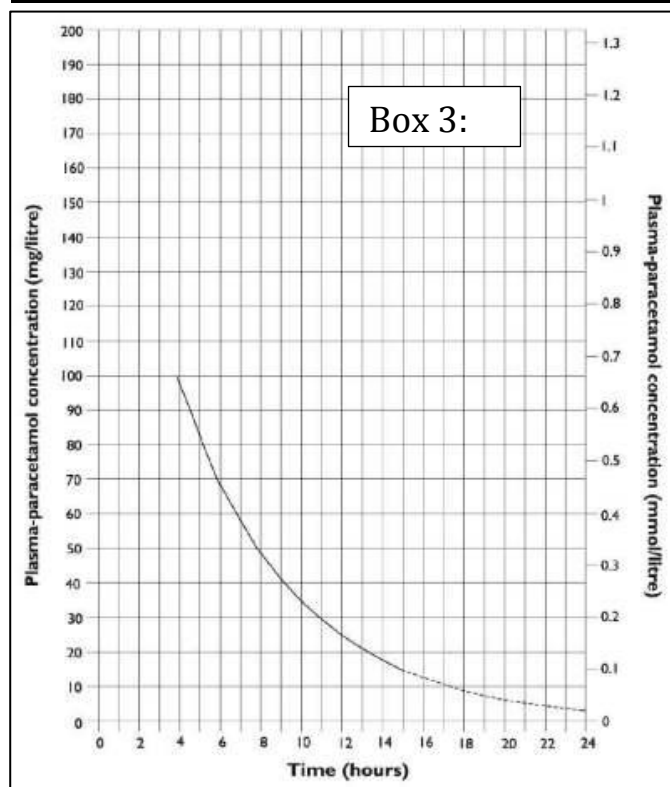
	ACTION	DONE	COMMENTS	TIME/SIGN
On-going Management	View Blood Results and document in Box 2 Overleaf			
	If paracetamol level is above the treatment line <b>AND/OR</b> ALT above the upper limit of normal <b>AND/OR</b> staggered or uncertain time of ingestion commence/continue Acetylcysteine.		Acetylcysteine Commenced <input type="checkbox"/>	
	If paracetamol level is below the treatment line <b>AND</b> ALT <b>AND</b> INR are within normal limits <b>AND EITHER</b> single acute OD with certain time of ingestion <b>OR</b> certain that last ingestion was greater than 24 hours ago discontinue / do not start Acetylcysteine.		Acetylcysteine Discontinued <input type="checkbox"/>	
	Admit to MAU all patients who are unable to meet all the Discharge Criteria within 4 hours (See Box 4).		Not started <input type="checkbox"/>	
	Discuss with ED Consultant patients with deranged INR / LFT / features of hepatic injury. Consultant Name: _____ Advice given:			

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<b>Discharge from ED</b>	Discharge Criteria ALL Met in ED? (See Box 4) No <input type="checkbox"/> : Transfer to MAU for further management Yes <input type="checkbox"/> : Discharge with Safety-Netting Advice <input type="checkbox"/> Patient Information Sheet <input type="checkbox"/> (Print from Toxbase)		
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Box 1: Adult Acetylcysteine Prescription Guide (each ampoule = 200 mg/mL Acetylcysteine)						
Regimen	First Infusion		Second Infusion		Third Infusion	
Infusion fluid	200 mL 5% glucose or 0.9% NaCl		500 mL 5% glucose or 0.9% NaCl		1000 mL 5% glucose or 0.9% NaCl	
Duration	1 hour		4 hours		16 hours	
Drug dose	150 mg/kg Acetylcysteine		50 mg/kg Acetylcysteine		100 mg/kg Acetylcysteine	
Patient Weight	Ampoule volume	Infusion Rate	Ampoule volume	Infusion Rate	Ampoule volume	Infusion Rate
kg	mL	mL/h	mL	mL/h	mL	mL/h
40-49	34	234	12	128	23	64
50-59	42	242	14	129	28	64
60-69	49	249	17	129	33	65
70-79	57	257	19	130	38	65
80-89	64	264	22	131	43	65
90-99	72	272	24	131	48	66
100-109	79	279	27	132	53	66
≥110	83	283	28	132	55	66

Box 2:	Blood Results
_____Hours	Post-Ingestion
Paracetamol	
Na	
K	
Urea	
Creatinine	
Bilirubin	
ALT	
Alk Phos	
Albumin	
Glucose	
WBC	
Hb	
Platelets	
pH	
pCO2	
Bicarbonate	
Lactate	
INR	
PTT	



East Lancashire Hospitals NHS Trust

Safe | Personal | Effective

Box 4: ED Discharge Criteria: <span style="float: right;">✓</span> Paracetamol level below treatment line <input type="checkbox"/> Normal ALT <input type="checkbox"/> Normal INR <input type="checkbox"/> Normal Creatinine <input type="checkbox"/> (All more than 4 hrs post-ingestion) Acetylcysteine not required <input type="checkbox"/> Assessed as suitable for discharge by Mental Health Team <input type="checkbox"/> No other reason for admission <input type="checkbox"/>
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