

## Paracetamol overdose

**Significant acute overdose (>75mg/kg all taken within 1 hour, i.e. >10 tablets in a 70kg person) AND >8 hrs since ingestion.**

**OR**

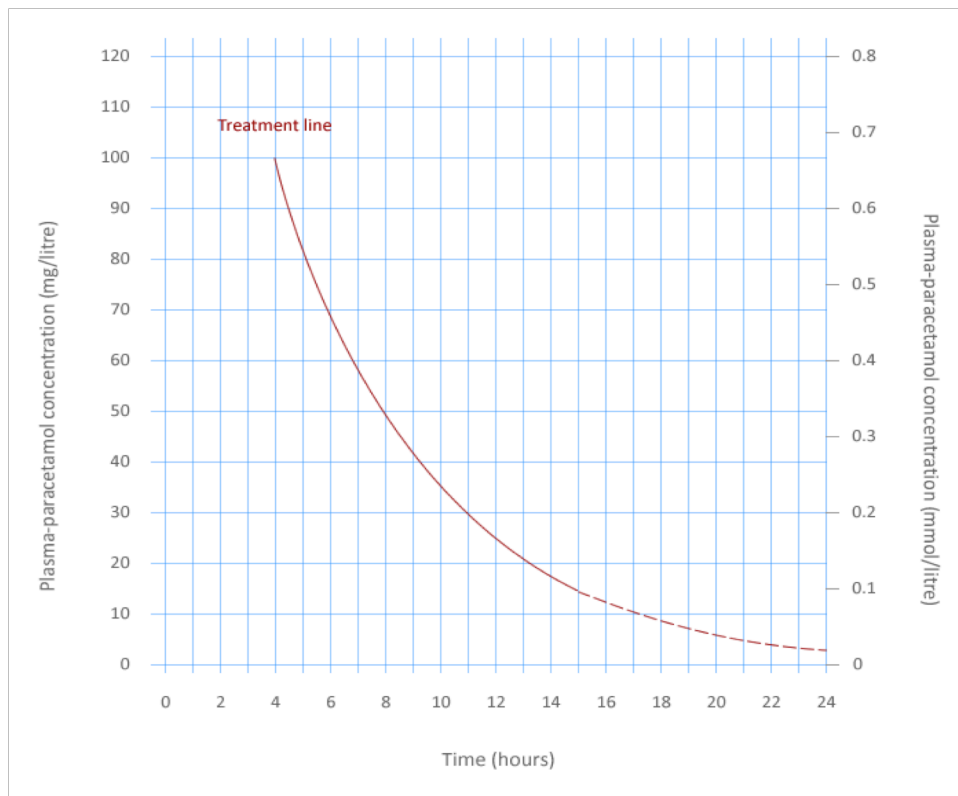
**Therapeutic excess / repeated (staggered) overdose taken over 1 hour or more.**

Inform senior Dr immediately -  
May require urgent parvolex (N-acetylcysteine)

**NOTE: Risk factors for paracetamol toxicity are no longer considered when deciding on management of a single acute paracetamol OD. A new nomogram has been issued with a single treatment line (see over).**

- 1) Weigh patient
- 2) Apply a wrist band
- 3) Record vital signs: BP, HR, RR, SpO<sub>2</sub>, Temp, GCS  
Commence Observation Chart and Early Warning Score - follow ED Escalation Plan
- 4) If patient has taken >150mg/kg paracetamol within the last hour, seek prescription for Activated Charcoal (50g)
- 5) Consider any concurrent overdose and consult TOXBASE (Username h64, password 124816)
- 6) Document time of ingestion and time bloods due (i.e. 4 hours post ingestion)
- 7) Only if ingestion >4hrs ago, complete venepuncture  
Take bloods: FBC, UE, LFT, INR, bicarbonate, paracetamol and salicylate levels
- 8) Cannulate and complete VIPS ONLY if Parvolex definitely required
- 9) Perform brief assessment of suicide risk of patient, complete "Traffic Light" form and inform security (63335)
- 10) If time allows complete DPM referral & telephone department to ensure its arrival

***Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS***



## NOTE:

- The nomogram is unreliable if **timing of OD is uncertain** - if in doubt treat.
- For **pregnant women** the NPIS advises that the toxic dose be calculated using the patients' pre-pregnancy weight and the antidote dose be calculated using the patients' actual pregnant weight.
- NPIS advises that for any **adult patient weighing more than 110kg** the toxic dose in mg/kg should be calculated using a maximum of 110kg rather than the patients' actual weight

Similarly, the antidote dose should be calculated using a maximum for 110kg rather than the patients' actual weight.