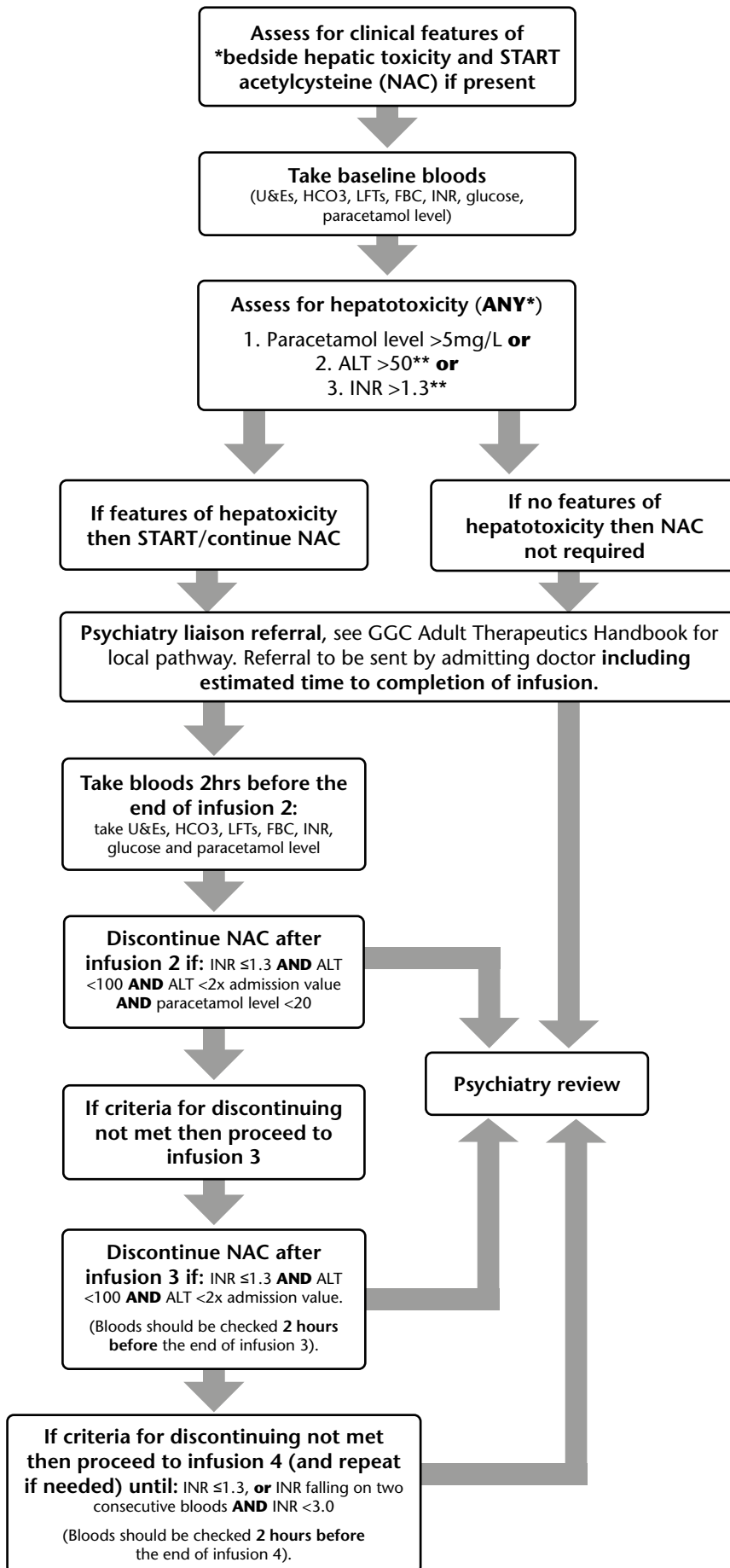


Paracetamol overdose presenting >24hrs

(Ingested total overdose in ≤ 1 hour time period)



*Clinical judgement required

- Bedside hepatic toxicity: Jaundice, tender liver, hypoglycaemia, encephalopathy, unexplained lactic acidosis.
- Ensure no doubt about time of ingestion or type.
- If uncertainty then treat and review with bloods.

**Clinical judgement required

- Some patients have a chronically raised ALT/INR.
- Review old LFTs/INRs and if chronic derangement discuss with a senior clinician before proceeding to NAC.

Blood monitoring

- Checking a paracetamol level **2hrs before** the end of bag 2 is **NEW** for this protocol.
- U&E, HCO₃, glu, LFTs, FBC and INR should be done 2hrs before the end of each infusion 2. Ensure results are **READY** for the end of the infusion.
- If unable to achieve blood sampling at the correct time and a delay of >90 minutes is predicted then proceed to the next infusion to avoid prolonged omission of NAC. Bloods should be checked at the earliest opportunity and discontinuation criteria referred to.
- Capillary Blood Glucose (CBG) 6 hourly while on NAC.
- If rapid or progressive biochemical deterioration then discuss with senior and consider referral to regional transplant centre.
- IV NAC can be associated with minor rise in INR without an acute liver injury.

*** Bloods should be done **2 hours before** the end of infusion 3 and 4.