Staggered paracetamol overdose

(Ingested total overdose in >1 hour time period in the context of self harm)

START acetylcysteine (NAC) in all patients

Take baseline bloods at least 4hrs since last ingestion (U&Es, HCO3, LFTs, FBC, INR, glucose, paracetamol level)

Assess for hepatotoxicity (ANY*)

- 1. Paracetamol level >10mg/L or
- 2. ALT >50 or
- 3. INR >1.3

If features of hepatotoxicity then continue NAC If no features of hepatotoxicity then NAC not required

*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.

Psychiatry liaison referral, see GGC Adult Therapeutics Handbook for local pathway. Referral to be sent by admitting doctor **including** estimated time to completion of infusion.

Take bloods 2hrs before the end of infusion 2:

U&Es, HCO3, LFTs, FBC, INR, glucose and paracetamol level

Psychiatry liaison referral, see Glasgow Therapeutics Handbook for local pathway

Discontinue NAC after infusion 2 if: INR ≤1.3 AND ALT <100 AND ALT <2x admission value AND paracetamol level <20

If criteria for discontinuing not met then proceed to infusion 3

Psychiatry review

Discontinue NAC after infusion 3 if: INR ≤1.3 AND ALT <100 AND ALT <2x admission value.

(Bloods should be checked 2 hours before the end of infusion 3).

If criteria for discontinuing not met then proceed to infusion 4 (and repeat if needed) until: INR ≤1.3,

or INR falling on two consecutive bloods **AND** INR <3.0 (Bloods should be checked **2 hours before** the end of infusion 4).

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

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.

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