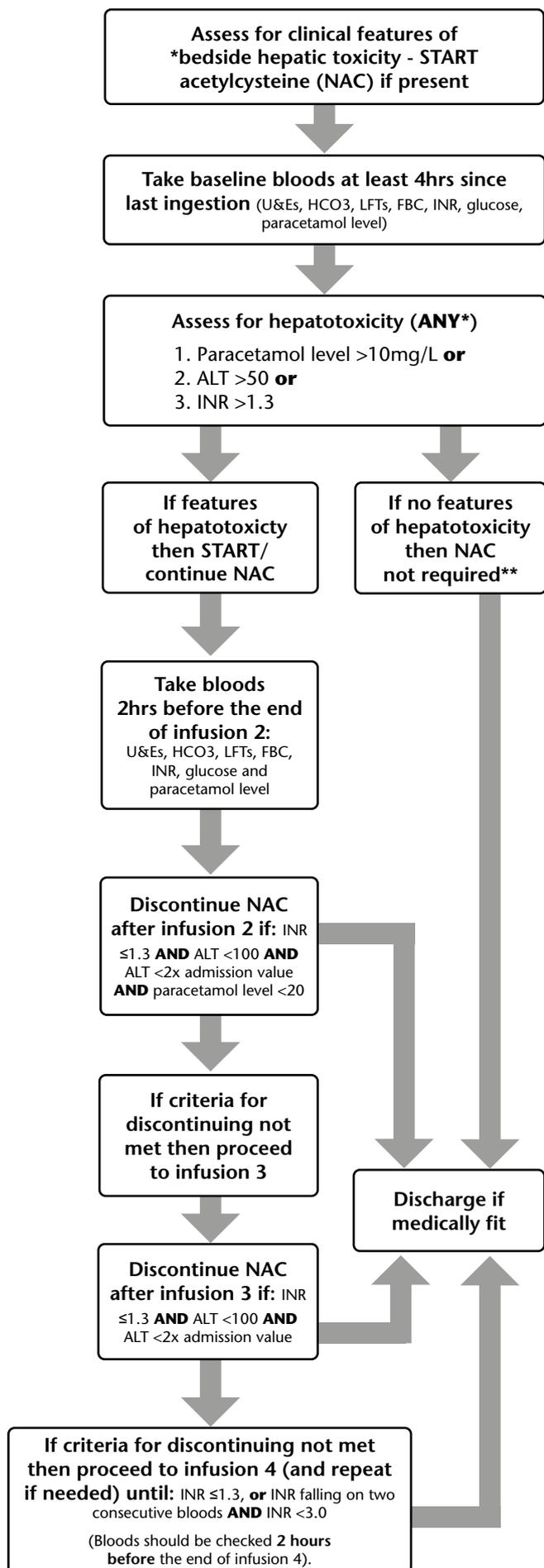


# Therapeutic excess paracetamol overdose

(Ingested total overdose in >1 hour time period with no self harm intent)



**\*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**

- Ensure no doubt about time of ingestion or type.
- If uncertainty then treat and review with bloods.
- Caution in patients weighing <30kg, refer to paediatric regimen on toxbase.

**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.**