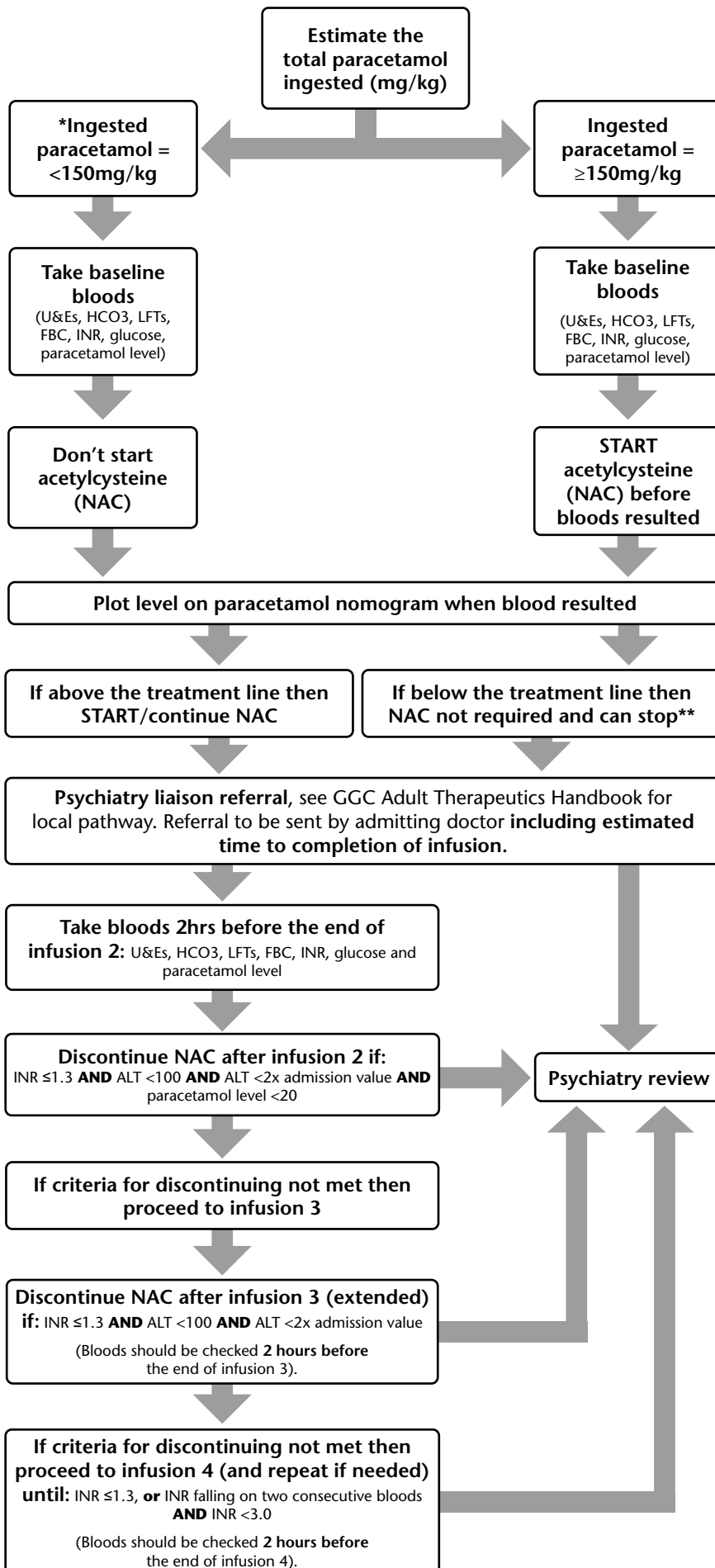


# Paracetamol overdose presenting 8-24hrs

(Ingested total overdose in  $\leq 1$  hour time period)



## \*Clinical judgement required

- If doubt then assume  $\geq 150\text{mg/kg}$ .

## \*\*Clinical judgement required

- Ensure no doubt about time of ingestion or type.
- 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.
- If ALT newly abnormal despite normal paracetamol concentration, then consider treating.
- Ensure INR is normal, if not consider treating.
- If uncertainty then treat and review.

## Blood monitoring

- Checking a paracetamol level 2hrs before the end of bag 2 is **NEW** for this protocol.
- U&E, HCO<sub>3</sub>, 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.