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**

**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).

**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.***

*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.