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

Assess for clinical features of *bedside hepatic toxicity - START acetylcysteine (NAC) if present

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 START/continue NAC

If no features of hepatotoxicity then NAC not required**

Take bloods 2hrs before the end of infusion 2:
U&Es, HCO3, LFTs, FBC, INR, glucose and paracetamol level

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

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

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).

Discharge if medically fit

*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&Es, 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.