

# Emergency Department

## Paracetamol overdose (single ingestion)

What elements in the history are *essential*?

Amount ingested

Time of ingestion & symptoms since then

\*Ensure this is not a repeated supratherapeutic ingestion (eg. 20 tablets every day for 3 days). these cases are treated differently and need to be discussed with senior

Co-ingestants or concurrent alcohol ingestion

Reason for ingestion

What dangerous differentials should I not miss?

Co-ingestion leading to other toxidromes (eg. TCA)

What should I look out for on examination?

Established hepatic failure takes days but very rarely they may exist

What tests should I do?

Paracetamol level at 4 hours - anything before that is a waste of time and blood

ECG

Blood sugar

**Do not do any other investigations**

What treatment should I institute?

Oral charcoal may be offered within first hour of ingestion (not life saving)

Anti-emetic if necessary

N-Acetylcysteine required if Paracetamol level > 150 at 4 hrs:

- discuss with senior and admit to SSU

- see treatment on next page

If time of ingestion is **> 4 hrs** - consult senior for nomogram

Can the patient go home if all tests are normal?

Yes, if paracetamol level is < 150 at 4 hrs and accidental (not suicidal) ingestion

Usually SSU is the appropriate disposition as they require some psychiatric input

What outpatient management is appropriate?

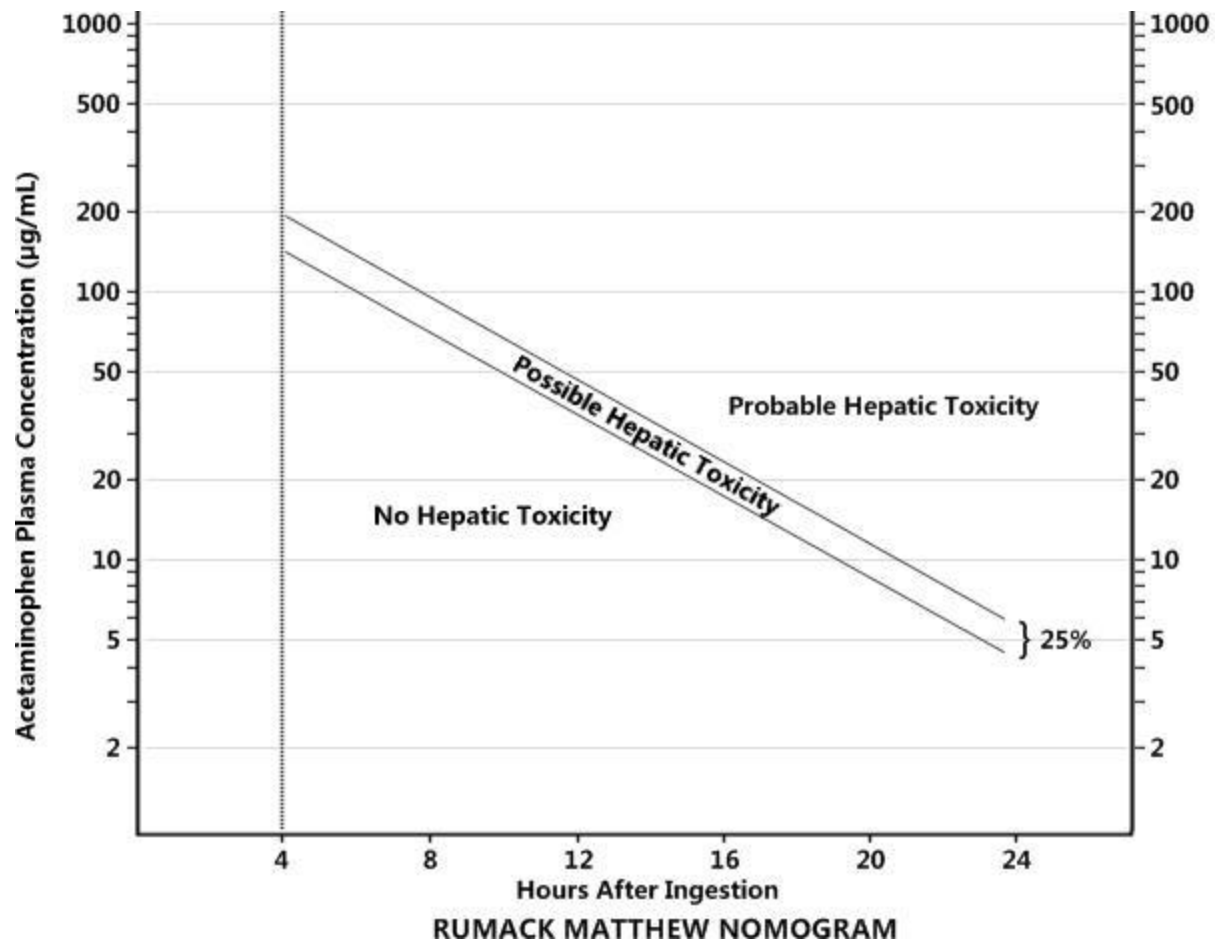
If family wants psych evaluation somewhere else - referral letter required

## Paracetamol Toxicity Management

References: Toxicology Handbook: Murray, Daly, Little, Cadogan. 2007

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Adapted from Rumack BH, Matthew H. Acetaminophen poisoning and toxicity.

### **N-acetylcysteine (NAC) dosing**

#### **Loading dose:**

150 mg/kg in 200 mL of 5% dextrose given over 60 minutes.

#### **The maintenance dose follows at:**

1. 50 mg/kg in 500 mL of 5% dextrose given IV over 4 hours
2. Followed by 100 mg/kg in 1000 mL of 5% dextrose given IV over 16 hours

If the patient needs further doses of NAC – continue the 100 mg/kg in 1000 mL of 5% dextrose given IV over 16 hours until instruction to discontinue.