Acetylcysteine Prescribing and Administration Chart for 12-hr shortened N-acetylcysteine dosing schedule (SNAP protocol) – **RHC Glasgow**

Name: _____

Address: _____

DoB: _____

CHI: _____

Affix patient data label

Infusion 1 & 2 only

Please ensure that acetylcysteine is also prescribed on the patient's HEPMA Kardex.

Weight:……kgs

(DO NOT USE If <30kg or patient <6 years of age)

Infusion 1	**Acetylcysteine 100mg/kg over 2 hours**									
Prescription						Preparation	Administration checks			
Date	Time	Dose (mL)	Diluent (200mL)	Infusion rate (mL/hr)	Prescriber's signature	Prepared/ Checked by	Date Time	Volume remaining (mL)	Volume infused (mL)	Checked by
Comments:			Stopped by:							
			Date:	Time	Signature					

Infusion 2	**Acetylcysteine 200mg/kg over 10 hours**									
Prescription						Preparation	Administration checks			
Date	Time	Dose (mL)	Diluent (1000mL)	Infusion rate (mL/hr)	Prescriber's signature	Prepared/ Checked by	Date Time	Volume remaining (mL)	Volume infused (mL)	Checked by
Comments:			Stopped by:							
			Date:	Time	Signature					

Extended treatment

If extended treatment with acetylcysteine is required (see clinical guideline), continue at the dose and infusion rate used for the second infusion and prescribe.

Recheck U&Es, bicarbonate, LFTs, FBC and INR 2 hours before the end of infusions 3 and 4 to assess the need to continue.

Refer to appropriate protocol regarding discontinuation of extended treatment

Acetylcysteine Antidote Adverse Effects – Features & Management

REACTION to acetylcysteine				COMPLICATIONS of paracetamol ingestion			
None	☐	Wheeze	☐	Abnormal liver function	☐	Encephalopathy	☐
Flushing	☐	Hypotension	☐	Acute kidney injury	☐	Haemorrhage	☐
Vomiting	☐	Other:	☐	Hypoglycaemia	☐	Other:	☐
Rash	☐	Specify.....		Acidosis	☐	Specify.....	
Date and time of reaction		Initial		Date and time of reaction		Initial	

MANAGEMENT OF SIDE EFFECTS

- N-acetylcysteine may cause anaphylactoid reactions in 2% of cases with this protocol. Flushing, pruritus, rash, hypotension, angioedema, bronchospasm and vomiting are most common.
- Reactions can be managed by stopping the infusion. Consider chlorphenamine for flushing/itch, nebulised salbutamol if there is bronchospasm and ondansetron if there are GI side effects.
- **Restart the infusion once the reaction has resolved at half the rate to completion of infusion.**
- Previous reaction is **NOT** a contra-indication to N-acetylcysteine and cases should receive treatment if indicated. Reactions are now considerably less common with the 12-hour SNAP protocol compared to standard regimes.

Ondansetron oral or IV slow (over 2mins) injection (Nausea and vomiting) - Age 6 months-16 years

Body weight	Dose
Up to 10kg	2mg three times daily
10 - 40kg	4mg three times daily
41kg and above	8mg three times daily

Chlorphenamine ORAL (Rash and itch)

Age	Dose
1-23 months	1mg twice per day
2-5 years	1mg 4-6 hourly (maximum 6mg per day)
6-11 years	2mg 4-6 hourly (maximum 12mg per day)
12-16 years	4mg 4-6 hourly (maximum 24mg per day)

Chlorphenamine IV INJECTION (Rash and itch)

Age	Dose
1-5 months	250 micrograms/kg (maximum four times daily)
6 months - 5 years	2.5mg (maximum four times daily)
6 - 11 years	5mg (maximum four times daily)
12 - 16 years	10mg (maximum four times daily)