

# 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 3 & 4 only

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

Weight..... kgs  
 (DO NOT USE if patient <6 years of age)

Infusion 3* (extended treatment)		Acetylcysteine 200mg/kg over 10 hours				Preparation		Administration checks			
Date	Time	Dose (mL)	Diluent (1000mL)	Infusion	Prescriber's	Prepared/	Date	Volume	Volume	Checked	
Comments:					Stopped by:						
					Date:	Time					

Infusion 4* (extended treatment)		Acetylcysteine 200mg/kg over 10 hours				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					

\*These infusions should only be commenced if extended treatment is required. Please refer to protocols to determine need for extended treatment.

### **Patients with an increase in INR and normal ALT**

Both paracetamol and acetylcysteine treatment may cause an increase in INR in the absence of liver injury.

**Patients who do not meet any of the criteria for continuation of acetylcysteine treatment but have an increase in INR of 0.4 or less (e.g. 1.1 to 1.5) AND have a normal ALT do not require further acetylcysteine.**

Patients who have an increase in INR of 0.5 or more (e.g. 1.1 to 1.6) **without** an ALT rise - **STOP** acetylcysteine & recheck INR and ALT **after 4 - 6 hours**. If bloods show INR is unchanged or falling **AND** ALT is less than two times the upper limit of normal then no further treatment is required.

If the criteria above are not met - restart acetylcysteine at the dose and infusion rate used in the last treatment bag.