RHCG PARACETAMOL OVERDOSE GUIDANCE FOR ≥6 YEARS OF AGE ONLY.

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

Infusion 1 & 2 only

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

| | Name: | |
|---|---------|--------------------------|
| 5 | Address | |
| | DoB: | |
| | СНІ: | |
| | | Affix patient data label |

Weight:....kgs (NO NOT USE If patient <6 years of age)

| Infusion | n 1 | Acetylc | ysteine 100r | ng/kg over : | 2 hours | | | | | |
|----------|-------|--------------|--------------------|-----------------------------|---------------------------|----------------------------|--------------|-----------------------------|---------------------------|---------------|
| Prescrip | otion | | | | | Preparation | Administ | tration 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 |
| | | | | | | | | | | |
| Comme | ents: | | | Stopped b | by: | | | | | |
| | | | | Date: | Time | Signature | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Infusion 2 | | Acetylo | systeine 200m | g/kg over 1 | 0 hours | | | | | |
|---|--|--|--|---|---|--|--------------|-----------------------------|---------------------------|---------------|
| Prescrip | otion | | | _ | | Preparation | Adminis | tration checks | 5 | |
| 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 |
| Comme | e <mark>nts:</mark> | | | Stopped b | y: | | 1 | | | |
| | | | | Date: | Time | Signature | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| EXTE • If ex- clinition used • Rech inform | NDED xtended cal guid for the neck blo | TREAT d treati deline) t e infusio pods as | MENT ment with then continu on 2 and pres per guidelin | acetylcyst ue at the o scribe on t e 2hrs before | eine is requ dose and infu he infusion 3 ore the end o | ired (see usion rate & 4 chart. f the | | | | |
| infu: exte | sions ar nded tr | nd refer reatmer | to guideline it. | e regarding | g discontinuat | ion of | | | | |

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) <u>without</u> an ALT rise - **STOP** acetylcysteine & recheck INR and ALT **after 4 - 6 hours**. If bloods show INR is unchanged or falling <u>AND</u> 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.

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Acetylcysteine Antidote Adverse Effects – Features & Management

| REACTION to acetylcysteine | | COMPLICATIONS of paracetamol ingestion | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| None 🗌 Wł Flushing 🗌 Hyj | heeze | Abnormal liver function | Encephalopathy | | | | | | |
| Vomiting Dtr Rash Sp | her: | Hypoglycaemia | Other: | | | | | | |
| 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 (ove | er 2 mins) injection (Nause | a and vomiting) - Age 6 months-: | 16 years | | | | | | |
| Ondansetron oral or IV slow (over Body weight | er 2mins) injection (Nause | a and vomiting) - Age 6 months-: se | 16 years | | | | | | |
| Ondansetron oral or IV slow (ove Body weight Up to 10kg | er 2mins) injection (Nause Do 2m | a and vomiting) - Age 6 months-: se ng three times daily | 16 years | | | | | | |
| Ondansetron oral or IV slow (ove Body weight Up to 10kg 10 - 40kg | er 2mins) injection (Nause Do 2m 4m | a and vomiting) - Age 6 months-: se ng three times daily ng three times daily | 16 years | | | | | | |
| Ondansetron oral or IV slow (over Body weight Up to 10kg 10 - 40kg 41kg and above | er 2mins) injection (Nause Do 2m 4m 8m | a and vomiting) - Age 6 months-: se ng three times daily ng three times daily ng three times daily | 16 years | | | | | | |
| Ondansetron oral or IV slow (over Body weight Up to 10kg 10 - 40kg 41kg and above Chlorphenamine <u>ORAL</u> (Rash and | er 2mins) injection (Nause Do 2m 4m 8m d itch) | a and vomiting) - Age 6 months-: se ng three times daily ng three times daily ng three times daily | 16 years | | | | | | |
| Ondansetron oral or IV slow (over Body weight Up to 10kg 10 - 40kg 41kg and above Chlorphenamine <u>ORAL</u> (Rash and Age | er 2mins) injection (Nause Do 2m 4m ditch) Do 1m | a and vomiting) - Age 6 months-: se ng three times daily ng three times daily ng three times daily se g twice perday | 16 years | | | | | | |
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| Ondansetron oral or IV slow (over Body weight Up to 10kg 10 - 40kg 41kg and above Chlorphenamine ORAL (Rash and Age 1-23 months 2-5 years 6-11 years 12-16 years Chlorphenamine IVINJECTION (F Age 1-5 months 6 months - 5 years 6 - 11 years | er 2mins) injection (Nause Do 2m 2m 4m 8m d itch) d itch) 1m 2m 2m 4m Rash and itch) 250 250 250 250 | a and vomiting) - Age 6 months- se ng three times daily ng three times daily ng three times daily se g twice per day ng 4-6 hourly (maximum 6mg p g 4-6 hourly (maximum 12mg ng 4-6 hourly (maximum 12mg g 4-6 hourly (maximum 12mg g 4-6 hourly (maximum 12mg g (maximum four times daily) g (maximum four times daily) | 16 years | | | | | | |