The combination of a low paracetamol concentration and an ALT<50 IU/L at any time indicates low risk of subsequent hepatotoxicity.

Does the reported exposure meet the criteria for supra-therapeutic ingestion? (See opposite)

- Measure paracetamol concentration and ALT
- Commence NAC immediately if the patient is symptomatic

ALT < 50 IU/L AND serum paracetamol concentration < 20 mg/L (132 umol/L)?

Yes

- Continue or commence NAC

No

Measure serum paracetamol concentration AND ALT 8 hours after the previous measurement

ALT < 50 IU/L AND serum paracetamol concentration < 10 mg/L (66 umol/L)?

Yes

- No further treatment required OR discontinue NAC if already started

No

- Continue full course of NAC
- Repeat ALT, paracetamol concentration and INR at the end of the NAC infusion
- Cease NAC if paracetamol concentration is < 10 mg/L (66 umol/L) AND ALT static/improved
- Discuss with clinical toxicologist if paracetamol concentration > 10 mg/L (66 umol/L) or rising ALT/INR

Criteria for supra-therapeutic ingestion:

Adults and children:

- > 10 g or 200 mg/kg (whichever is lower) in a single 24-hour period
- > 6 g or 150 mg/kg (whichever is lower) per 24 hours for the preceding 48 hours
- > 4 g or 100 mg/kg (whichever is lower) per 24 hours for > 48 hours in those patients who also have abdominal pain / nausea / vomiting

N-Acetylcysteine (NAC) dosing: see separate guideline

No further treatment required OR discontinue NAC if already started

POISONS INFORMATION CENTRE: 13 11 26

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