

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)

Yes

- 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

No

Continue or commence NAC

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

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

Yes

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

No

CRITERIA FOR SUPRA-THERAPEUTIC INGESTION:

Adults and children:

≥ 10 g or ≥ 200 mg/kg (whichever is less) over a single 24-hour period.

OR

≥ 12 g or ≥ 300 mg/kg (whichever is less) over a single 48-hour period.

OR

Greater than a daily therapeutic dose for more than 48 hours in those who also have abdominal pain OR nausea / vomiting.

Therapeutic daily dose of paracetamol is 60 mg/kg over 24 hours up to a maximum dose of 4 g/day.

Note: lean body weight is used for obese patients

N-Acetylcysteine (NAC) dosing: see separate guideline

No further treatment required OR discontinue NAC if already started