# **Paracetamol (APAP) - Acute Single Ingestion of Immediate-Release Preparation**



This guideline covers the management of immediate-release paracetamol (APAP) taken in overdose in a single ingestion (over <120 minutes)

Risk Assessment	TIME POST INGESTION	MANAGEMENT: [APAP]= paracetamol concentration AC = activated charcoal
Risk of acute liver injury if		- Co-operative patients: AC if > 200 mg/kg or 10 g (whichever is less) has been ingested within a 120-minute period OR
>200 mg/kg OR >10 g ingested	0-2 hours	> 30 g has been ingested within a 4-hour period - Plot [APAP] at 4 hours post ingestion. If [APAP] above treatment line, treat with 20-hour NAC course (see NAC guideline)
Clinical features:	2-4 hours	- Plot [APAP] at 4 hours post ingestion. If [APAP] above treatment line, treat with 20-hour NAC course (see NAC guideline)
- Usually asymptomatic	4-8 hours	- If [APAP] <b>WILL NOT BE</b> available <8 hours of ingestion, start NAC (if ingested dose >200mg/kg or >10 g, or unknown) - Discontinue NAC if [APAP] below treatment line, otherwise complete 20-hour NAC course (see NAC guideline)
- Abdominal pain, vomiting	4 O Hours	- If [APAP] <b>IS AVAILABLE WITHIN</b> 8 hours, and is above treatment line: treat with 20-hour NAC course (see NAC guideline)
- Late toxicity – liver failure,	8-24 hours	- Start NAC and obtain [APAP]. Continue 20-hour NAC course if [APAP] above treatment line or ALT > 50 IU/L
coagulopathy, encephalopathy	> 24 hours	- Start NAC and obtain [APAP] and ALT. Continue 20-hour NAC course if [APAP] detectable or ALT > 50 IU/L
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#### **Antidote:**

#### N-acetylcysteine (NAC)

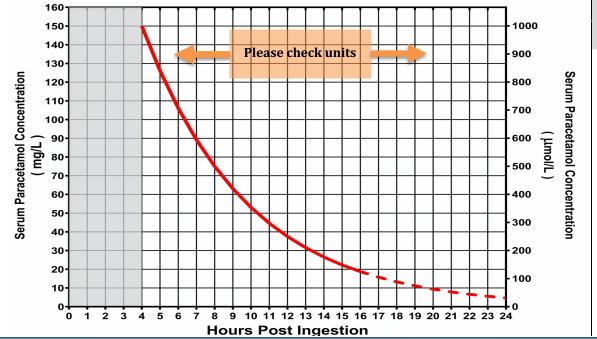
- Glutathione donor

**Dosing:** see NAC guideline

### **Massive APAP Exposures**

-double the dose of NAC in the second NAC infusion if the APAP concentration is > 2x the nomogram Reported dose APAP > 50g:

- discuss with toxicologist



## 2-HOURS PRIOR TO COMPLETION OF 20-HOUR NAC COURSE:

- Measure ALT
- Measure APAP concentration if reported APAP ingestion > 30g OR if initial APAP conc. > 2x nomogram line
- If ALT is abnormal OR if APAP conc.

  is > 10 mg/L (>66 umol/L) continue

  NAC (see Extended NAC Treatment

  Guideline) + check INR and discuss with

  a clinical toxicologist

**AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE** 

**POISONS INFORMATION CENTRE: 13 11 26**