

Conway Medical Center
Conway, South Carolina

PHYSICIAN'S ORDERS

Acetylcysteine Injection (Acetadote)
ED/CCU Only

Center Patient Admission
Label Here

Indications: To prevent or lessen hepatic injury when administered within 8-10 hours after an ingestion of a potentially hepatotoxic quantity of acetaminophen. The drug is best given as early as the determination of the need for treatment is made. If the time of ingestion is unknown or a level cannot be measured or interpreted the drug is indicated up to 24 hours after ingestion. Treatment should not be delayed more than 8 hours awaiting a result from an assay. A level drawn less than 4 hours after ingestion may be misleading, and a level drawn less than 8 hours following the ingestion of an extended release preparation may be misleading.

Contraindications: Acetadote is contraindicated in patients with hypersensitivity or previous anaphylactoid reactions to acetylcysteine or any components in the preparation.

Serious reactions have occurred with patients who have asthma.

Adverse Reactions: Active flushing and erythema may occur – these reactions typically occur 60-90 minutes after the initiation of therapy; they typically resolve spontaneously despite continued infusion. If a reaction involves more than flushing and erythema it should be treated as an anaphylactoid reaction. After treatment of an anaphylactoid reaction treatment may be carefully resumed; a further occurrence should cause the drug to be discontinued.

Dosing: The total volume should be reduced for patients less than 40 kg and for those requiring fluid restriction.

**** The physician may transfer the patient to the Telemetry Unit after 2 hours of infusion with no reactions to the medication****

Dosage Guide and Preparation

Body Weight		FIRST	SECOND	THIRD
(kg)	(lb)	150 mg/kg in	50 mg/kg in	100 mg/kg in
		200 mL 5% Dextrose in 60 min.	500 mL 5% Dextrose in 4 hours	1000 mL 5% Dextrose in 16 hours
		Acetadote (mL)	Acetadote (mL)	Acetadote (mL)
100	220	75	25	50
90	198	67.5	22.5	45
80	176	60	20	40
70	154	52.5	17.5	35
60	132	45	15	30
50	110	37.5	12.5	25
40	88	30	10	20

Physician Signature

_____/_____/_____
Date

Time