

## St John WA

### Structured Administration and Supply Agreement – PARACETAMOL IV Infusion

SASA Details	
Title:	Paracetamol IV Infusion for St John WA Specialist Paramedics
Identifier:	PARACETAMOL Infusion 1.0

Issuing Authority	
Hospital Name:	St John WA
Address:	209 Great Eastern Highway BELMONT, 6104
Contact:	(08) 9334 1222

Authorised Persons	
Practitioners:	St John WA Specialist Paramedics
Location:	All pre-hospital regions of Western Australia (WA)
Qualification:	AHPRA Registered Specialist Paramedics (Critical Care Paramedic, Specialist Operations Paramedic, Clinical Support Paramedic and Extended Care Paramedic) that has successfully completed St John WA IV Paracetamol training requirements.

Authorised Medicine			
Medicine Name:	Paracetamol	Brand:	x
Form:	IV infusion bag	Strength:	1g/100mL
Dose:	As per Medication Guideline	Quantity:	1
Route:	IV infusion		
Instructions:	Administer IV infusion as per Medication Guideline  Adult: 1g every 4-6 hours (Maximum 4g per day)  Paediatric: 15mg/kg every 4-6 hours (Maximum 60mg/kg per day)  Infuse dose over 15 to 20 minutes		

Approved Circumstances	
Authorised to:	Administer IV paracetamol infusion
Place:	WA Pre-hospital environment

Patients:	St John WA Ambulance patients
Medical Condition:	Mild to moderate pain

Clinical / Other Information	
Patient Inclusion	St John WA patients
Patient Exclusion:	Known allergy or adverse drug reaction to paracetamol. Patients < 1 months of age
Special Instructions:	NA
Administration Notes:	Administer via Infusion pump
Clinical Guidelines	See; St John WA Medication Guideline: Paracetamol St John WA Clinical Practice Guideline: Relief of Pain

Approval			
Date of Issue:	15/07/2024		
Date of Expiry:	15/07/2026		
Clinical Governance Committee			
Committee:	St John WA Medical Advisory Committee (MAC)		
Chair Name:	Dr Gayle Christie		
Date:	15/07/2024		
Medical Director			
Name:	Dr Gayle Christie		
Date:		Signature:	
Chief Executive Officer			
Name:	Mr Kevin Brown		
Date:		Signature:	