Critical Care Guidelines FOR CRITICAL CARE USE ONLY



PARACETAMOL

PRESENTATION: Soluble tablets containing 500mg/tablet, suspension containing 250mg/5ml,

suppositories containing 500mg/suppository or 1g/suppository, vials containing

1q/100ml

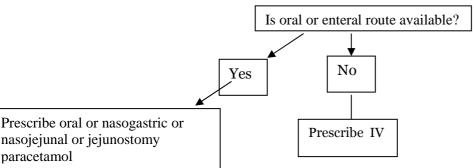
INDICATION: Antipyretic: sepsis (T>40°C) or neuro patients aiming for normothermia (if

T>38°C)

Analgesic: postoperative opiate sparing, continuing analgesia when weaning

other analgesia.





Paracetamol Costs:

Soluble tablets 1g = £0.07Suspension 1g = £0.25Intravenous (+ giving set) 1g = £1.56

Prescribe one route only

REVIEW ROUTE OF ADMINISTRATION DAILY

CAUTION: Patients with low glutathione levels e.g. alcoholics, severely malnourished or who have not eaten for a few days, tobacco smokers, those who are dehydrated, and those with acute liver disease or those who receive treatment with inducers of liver enzymes may develop hepatic failure even at normal doses. Use with caution. Bioavailability of the intravenous preparation is 100% (but lower with other preparations) therefore hepatic exposure is greatest with the IV preparation.

DOSE AND ADMINISTRATION: Oral or PR 1g every 4-6 hours to a maximum of 4g daily. In patients less than 50kg or with the risk factors above, it would be considered prudent to follow the dosing recommendations for the intravenous infusion below in these patients.

Intravenous infusion NB patient weight and risk factors above

If >50kg and not high risk then 1g every 4-6hours maximum recommended dose 4g daily. If >50kg and high risk (see above groups) then 1g every 4-6hours maximum recommended dose 3g daily

If <50kg 15mg/kg every 4-6 hours to a maximum 60mg/kg daily.

If CrCl< 30mls/min give recommended dose no more frequently than every six hours. Give 1g over 15 minutes.

References

nasojejunal or jejunostomy

paracetamol

- 1. Paracetamol 10mg/ml solution for infusion. Actavis UK Ltd. Summary of Product Characteristics. www.medicines.org.uk. Accessed 30.8.16.
- 2. British National Formulary 71st ed. London: British Medical Association and the Royal Pharmaceutical Society of Great Britain. Accessed via www.bnf.org on 30..8.16

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ID:	Authors: Morag R Naysmith, Claire Hannah
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