

## Paracetamol (acetaminophen)

<b>Description</b>	Non-opioid analgesic
<b>Indication</b>	Suspected overdose
<b>Additional Info</b>	<p>Paracetamol overdose can cause severe hepatocellular necrosis and occasionally renal tubular necrosis. Liver damage is maximal 3-4 days post ingestion. ALT and clotting screen may be useful to monitor liver damage.</p> <p>Treatment with acetylcysteine protects from liver damage and is most effective if given within 8 hours of ingestion. A single plasma paracetamol concentration related to the time from ingestion (minimum 4 hours post ingestion) identifies patients at risk of liver damage and requiring treatment.</p>
<b>Concurrent Tests</b>	N/A
<b>Dietary Requirements</b>	N/A
<b>Interpretation</b>	<p>The plasma paracetamol concentration should be interpreted in line with the published treatment monogram (see BNF). Note it is important to use the correct concentration units (mg/L).</p> <p>Treatment with acetylcysteine should be initiated if the result falls above the treatment line for a sample taken more than 4 hrs post ingestion. Samples taken earlier than 4 hours post ingestion should not be used because drug distribution is not complete and the plasma concentration can be misleading.</p> <p>The treatment nomogram should not be used where there is evidence of staggered overdose (ingestion has occurred over a period of 1 hour or more) or there is doubt over the timing of ingestion. In such cases immediate treatment with acetylcysteine is recommended.</p>
<b>Collection Conditions</b>	Sample MUST be taken >4 hours post ingestion.
<b>Frequency of testing</b>	Repeat measurements are not necessary.