00007:658995

v2.00 - 06/2019

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Children's Health Queensland Hospital and Health Service

N-Acetylcysteine Order Less than 20kg

ALLERGIES & ADVERSE REACTIONS (ADR)

☐ Nil known ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction / type / date	Initials

COMPLETE ALERT SHEET IN MEDICAL RECORD

Sign: Print: Date: / /

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ I

Weight (kg): Date weighed: / /

***1st Prescriber* to print patient name and check label correct:**

Please select dosing weight rounded up to the nearest 2.5kg – CROSS OUT ALL OTHERS

Year: 20.....

Dosing weight	Date/time to be administed	Line/ route	Stage of infusion	Volume	Medical Officer Prescription: Fluid type and amount of N-Acetylcysteine (2000mg/10mL) added	Rate (mL/hr)	Prescriber signature and name	Nursing Administration Record: Date/ time start	Rate (mL/hr)	Nurse 1 / Nurse 2	Date/ time stop	Volume infused	Pharm. review
<10kg	**THIS SHEET IS NOT VALID – SEEK POISONS INFORMATION CENTRE ADVICE**												
12.5kg		IV	1	100mL	2,500mg (12.5mL) added to 88mL suitable diluent* (specify):	25							
		IV	2	250mL	1,250mg (6.3mL) added to 244mL suitable diluent* (specify):	15.63							
15kg		IV	1	100mL	3,000mg (15mL) added to 85mL suitable diluent* (specify):	25							
		IV	2	250mL	1,500mg (7.5mL) added to 243mL suitable diluent* (specify):	15.63							
17.5kg		IV	1	100mL	3,500mg (17.5mL) added to 83mL suitable diluent* (specify):	25							
		IV	2	250mL	1,750mg (9mL) added to 241mL suitable diluent* (specify):	15.63							
20kg		IV	1	100mL	4,000mg (20mL) added to 80mL suitable diluent* (specify):	25							
		IV	2	250mL	2,000mg (10mL) added to 240mL suitable diluent* (specify):	15.63							

*Suitable Diluents include glucose 5%, sodium chloride 0.9% or combinations of glucose-sodium chloride not exceeding those concentrations