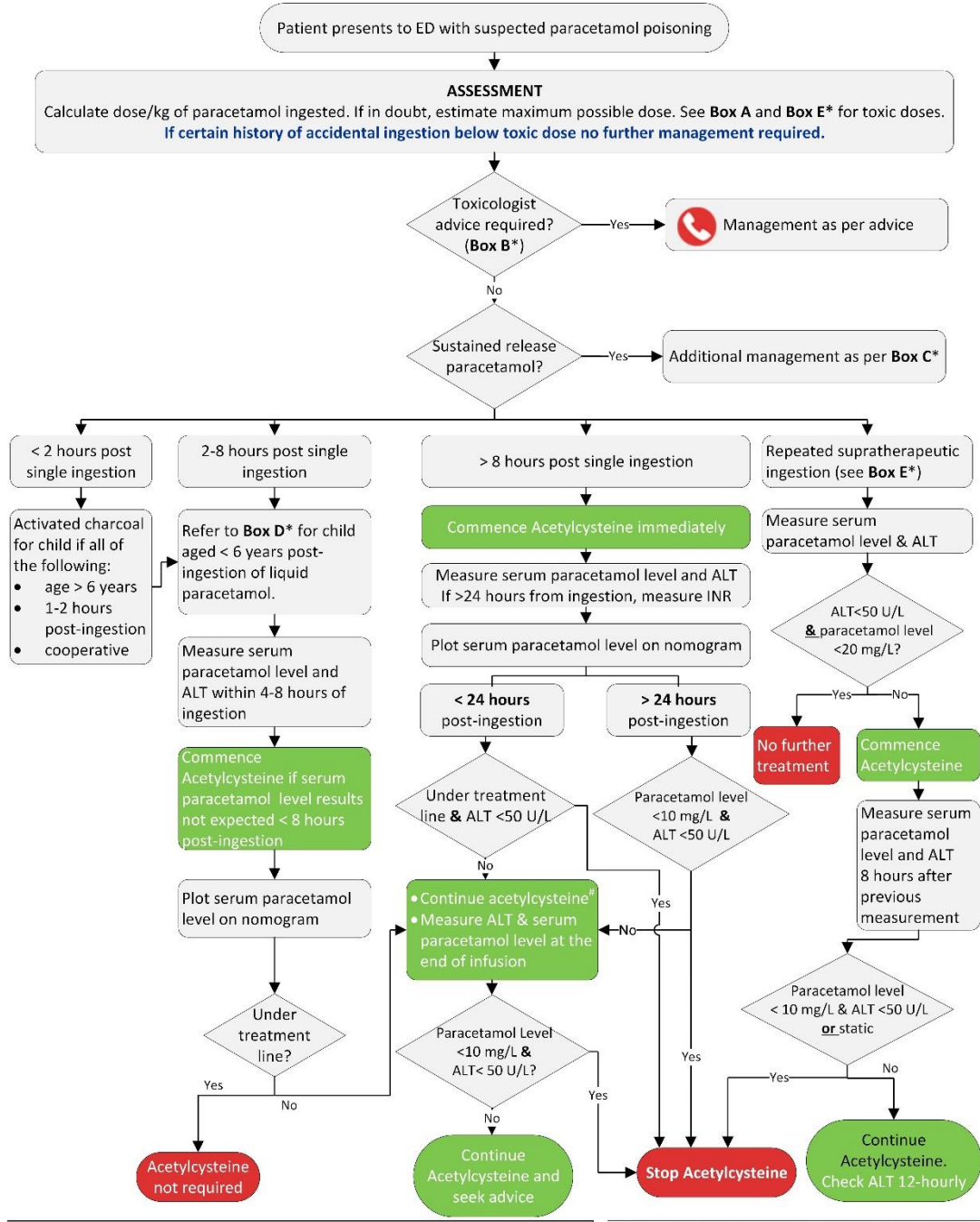


Queensland Paediatric Flowchart and Medications

Emergency

# Paracetamol ingestion - Emergency management in children – Flowchart



**Box A: Paracetamol dosing that may be associated with hepatic injury**

Age 0-6 years:	> 200 mg/kg
Age over 6 years:	> 200 mg/kg or 10 g (whichever is lower)

\* Box B-E over page

# Double dose of second Acetylcysteine bag is required if serum paracetamol level is more than double treatment line. Consider seeking toxicology advice.

📞 Seek Toxicology advice via Poisons Information Line (Ph: 13 11 26)

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**Box B: Criteria for toxicologist advice**

Seek urgent toxicological advice via Poisons Information (ph.: 131126) for the following:

- IV overdoses
- very large overdoses (greater than 50 g or 1 g/kg) (always use lower threshold)
- evidence of hepatotoxicity (ALT greater than 1,000 IU/L)

Critical care may be required.

If unknown time of potentially toxic single ingestion, commence Acetylcysteine and seek advice re testing.

**Box C: Acetylcysteine administration following sustained release paracetamol ingestions**

Sustained release paracetamol preparations (such as Panadol Osteo and Osteomol) result in **potentially delayed** peak concentrations above the nomogram treatment line.

A single measurement of paracetamol level is not adequate to make decisions regarding acetylcysteine.

Consider activated charcoal use even if after 4 hours since ingestion in discussion with Poisons.

In addition to the management described for single toxic ingestions, **repeat serum level** 4 hours after initial testing and commence acetylcysteine if either level is above the treatment line.

- For all patients requiring acetylcysteine **measure paracetamol concentration levels and ALT 2 hours before completion of the acetylcysteine infusion**
- **continue acetylcysteine infusion and seek toxicology advice if ALT is greater than 50 U/L or paracetamol concentration is greater than 10 mg/L**

**Box D: Acetylcysteine administration following liquid paracetamol ingestions in children aged <6 years**

Acetylcysteine will **not** be required for children aged less than 6 years with serum paracetamol concentration less than **150 mg/L at 2 hours post-ingestion of liquid paracetamol.**

**If greater than or equal to 150 mg/L do not commence Acetylcysteine but repeat level at 4 hours.**

**Box E: Repeated supratherapeutic paracetamol ingestion that may be toxic**

Age	Repeated supratherapeutic ingestion
<b>0 - 6 years</b>	Any of the following: <ul style="list-style-type: none"> <li>• greater than 200 mg/kg over a single 24-hour period</li> <li>• greater than 150 mg/kg per 24-hour period for the preceding 48 hours</li> <li>• greater than 60 mg/kg per 24-hour period for greater than 48 hours (may have abdominal pain, nausea or vomiting)</li> </ul>



<b>Over 6 years</b>	<p>Any of the following:</p> <ul style="list-style-type: none"> <li>• greater than 200 mg/kg or 10 g (whichever is lower) over a single 24-hour period</li> <li>• greater than 150 mg/kg or 6 g (whichever is lower) per 24-hour period for the preceding 48 hours</li> <li>• greater than 60 mg/kg or 4 g (whichever is lower) per 24-hour period for greater than 48 hours AND symptoms indicating possible liver injury (such as abdominal pain, nausea or vomiting)</li> </ul>
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For more information refer to [CHQ-GDL-60018 Paracetamol Ingestion – Emergency management in children](#)

