# PARACETAMOL

## Presentation
- **Oral Mixture:** 250mg/5mL
- **IV:** 1g/100mL = 10mg/mL

## Description
Non-narcotic analgesic and antipyretic

## Indications
- **Analgesia:** For relief of postoperative pain and reduce the use of narcotic analgesics in infants ≥ 28 weeks.
- **Symptomatic fever**
- **Haemodynamically significant Patent Ductus Arteriosis (PDA):** Where indomethacin is contraindicated or 2 courses have failed

## Contraindications
Contraindicated where patient has hypersensitivity to paracetamol, severe hepatocellular insufficiency or hepatic failure

## Precautions
Risk of haemolysis in patients with G6PD Deficiency with high doses

## Dosage
See Page 2

## Adverse Reactions
- **Common:** nausea, vomiting, constipation, dizziness, pain at injection site, pruritus, hypothermia
- **Serious:** skin rash/urticarial, thrombocytopenia, anaphylactic shock, hepatotoxic with chronic use

## Compatible Fluids
Glucose 5%, Sodium Chloride 0.9%
| Preparation | IV: Use undiluted  
Oral: Nil |
|-------------|----------------------------------|
| Dosage      | **Analgesia/Antipyretic**  
**Note: IV and Oral**  
When used for analgesia, an initial loading dose of 20mg/kg/dose may be administered if clinically necessary with the maximum daily dose adhered to as stated below. **Give maintenance dose 6 hours post loading dose.** |
| Intravenous Administration | | |
| CGA | Dose | Frequency | Max DAILY Dose |
| ≥ 32 weeks | 10mg/kg/dose | Every 6 hours as necessary | 50mg/kg/day |
| Oral Administration | | |
| CGA | Dose | Frequency | Max DAILY Dose |
| 28 to 32 weeks | 10mg/kg/dose | Every 6 hours as necessary | 40mg/kg/day |
| ≥ 33 weeks | 15mg/kg/dose | Every 6 hours as necessary | 60mg/kg/day |
| **Hemodynamically Significant Patent Ductus Arteriosus (PDA)**  
**Oral/IV:**  
15mg/kg/dose every 6 hours for 5 days.  
DA to be reviewed 3 days after course completion |
| Adverse Reactions | **Common:** nausea, vomiting, constipation, dizziness, pain at injection site, pruritis, hypothermia |
| | **Serious:** skin rash/urticarial, thrombocytopenia, anaphylactic shock, hepatotoxic with chronic use |
| Compatible Fluids | Glucose 5%, Sodium Chloride 0.9% |
| Preparation | IV: Use undiluted  
Oral: Nil |
| Administration | IV: Infuse over 15 minutes  
Oral: Can be given any time with regards to feeds |
### Monitoring
- Monitor for analgesic response
- Monitor temperature if used for fever

### Interactions
Barbiturates, carbamazepine and phenytoin may increase clearance of paracetamol.

### Storage
Store at room temperature, below 25°C

### Notes
- Measure the paracetamol level if toxicity is suspected, routine monitoring not required.
- Antidote for paracetamol overdose: Acetylcysteine

### References
- Acetaminophen: Paediatric Drug Information [Internet] UpToDate [Online Database] Cited 15/11/2019

### Related clinical guidelines
- Patent Ductus Arteriosis (PDA)

### Related policies
- WNHS Policy: High Risk Medication List