## PARACETAMOL

This document should be read in conjunction with this DISCLAIMER

| Unrestricted: Any prescriber may initiate treatment |

### Presentation
- Oral mixture: 250mg/5mL
- IV Bag: 1g/100mL (10mg/mL)

### Classification
- Non-narcotic analgesic and antipyretic

### Indication

- **Analgesia:**
  - For relief of postoperative pain and reduce the use of narcotic analgesics in infants ≥ 32 weeks.
  - Indicated in PAT score more than 10 or PIPP score more than 12

- **Haemodynamically significant Ductus Arteriosis (DA):**
  - Where indomethacin is contraindicated or 2 courses have failed.

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

### Dose

#### Analgesia/Antipyretic

**Intravenous (IV):**
- CGA ≥ 32 weeks
- **Loading Dose:** 20mg/kg/dose
- **Maintenance Dose:** 10mg/kg/dose every 8 hours for a maximum of 48 hours.
- **Maximum Dose:** 50mg/kg/day

**Oral:**

<table>
<thead>
<tr>
<th>Corrected Gestational Age</th>
<th>Loading Dose</th>
<th>Maintenance Dose</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 to 32 weeks</td>
<td>20mg/kg/dose</td>
<td>10-15mg/kg/dose every 8 to 12 hours as necessary</td>
<td>40mg/kg/day</td>
</tr>
<tr>
<td>&gt;32 weeks</td>
<td>20mg/kg/dose</td>
<td>10-15mg/kg/dose every 6 to 8 hours as necessary</td>
<td>60mg/kg/day</td>
</tr>
</tbody>
</table>
| **Hemodynamically Significant Ductus Arteriosis (DA)** | **Oral/IV:**
15mg/kg/dose every 6 hours for 5 days.
DA to be reviewed 3 days after course completion |
|---|---|
| **Monitoring** | Monitor for analgesic response
Monitor temperature if used for fever
Monitor LFT’s and U+E’s with prolonged use or acute toxicity
Monitor blood paracetamol level in premature neonates if signs of acute toxicity |
| **Guidelines & Resources** | Patent Ductus Arteriosis (PDA) |
| **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 |
| **Adverse Reactions** | **Common**
nausea, vomiting, constipation, dizziness, injection site pain, pruritus, hypothermia |
| **Serious** | skin rash/urticaria, thrombocytopenia, anaphylactic shock, hepatotoxic with chronic use, risk of haemolysis in G6PD patients with high dosage |
| **Storage** | Store at room temperature |
| **Notes** | • Discard bag immediately after use
• Do not refrigerate bag
• Contraindicated where patient has hypersensitivity to paracetamol, severe hepatocellular insufficiency or hepatic failure.
• **Do not** use in infants with hepatocellular insufficiency, severe renal impairment and dehydration.
• Barbiturates, carbamazepine and phenytoin may increase clearance of paracetamol.
• Measure the paracetamol level if toxicity is suspected, routine monitoring not required.
• Antidote for paracetamol overdose: Acetylcysteine |
Paracetamol - Neonatal

References


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Standards Applicable: NSQHS Standards:
1 Governance
3 Infection Control
4 Medication Safety;

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