PARACETAMOL

Read in conjunction with Disclaimer

⚠ HIGH RISK Medication ⚠

Check route of administration, dose and indication.
Caution in neonates at risk of hepatotoxicity.

IV - **Formulary: Restricted** Requires Neonatologist or relevant specialist review within 24 hours of initiation	
Oral - **Formulary: Unrestricted**	
Presentation	**Oral suspension:** 250 mg/5 mL = **50 mg/mL** **IV bag or bottle:** 1 g/100 mL = **10 mg/mL**
Classification	Analgesic and antipyretic
Indication	• **Analgesia:** For relief of postoperative pain and reduce the use of narcotic analgesics in infants 28 weeks and older. • **Symptomatic fever.** • **Hemodynamically significant patent ductus arteriosus (PDA):** Where ibuprofen is contraindicated, or two courses have failed.
Special Considerations	• Avoid use or use with extreme caution for patients with **severe hepatic impairment**. • Use with caution for patients with **severe renal impairment**. • High doses increase the risk of haemolysis in patients with **G6PD deficiency**.
Monitoring	• Monitor hepatic and renal function with long-term treatment. • Monitor analgesic response. • Monitor temperature if used for fever. • Measure the paracetamol level if toxicity is suspected, routine monitoring not required.
Compatibility	**Fluids:** Sodium chloride 0.9%, glucose 5%. **Y-site:** Ceftriaxone, clindamycin, dexamethasone, fentanyl, heparin, hydrocortisone, lidocaine, midazolam, morphine sulfate, vancomycin.
Incompatibility	**Y-site:** Aciclovir, metronidazole.
Interactions	• Barbiturates, carbamazepine and phenytoin may increase metabolism of paracetamol. • Alprostadil clinical effect may be reduced with simultaneous use of paracetamol.
Adverse Effects	**Common:** Nausea, vomiting, constipation, pain at injection site, pruritis.
	Infrequent/rare: Skin rash/urticaria, thrombocytopaenia, hypersensitivity, hepatotoxic with chronic use.
Storage & Stability	**Oral suspension:** Store at room temperature, below 25°C. **IV solution:** Store at room temperature, below 25°C. Protect from light.
Comments	**Antidote for paracetamol overdose:** Acetylcysteine

ORAL

Presentation (for oral use)

Oral suspension: 250 mg/5 mL = **50 mg/mL**

Dosage

Pain and/or fever:

Corrected Gestational Age	Dose	Frequency	Maximum daily dose
28 to 32+6 weeks	10 mg/kg/**dose**	Every 6 hours *as necessary*	40 mg/kg/**day**
33 week or greater	15 mg/kg/**dose**	Every 6 hours *as necessary*	60 mg/kg/**day**

Hemodynamically significant PDA:

Corrected Gestational Age	Dose	Frequency	Duration
All	15 mg/kg/**dose**	Every 6 hours	5 days

Dose Adjustment

Consider dose adjustment in severe renal or hepatic impairment.

Administration

- Draw prescribed dose into oral/enteral syringe.
- May be given anytime in relation to feeds.

INTRAVENOUS

Presentation (for IV use)

IV bag or bottle: 1 g/100 mL = **10 mg/mL**
Available from CIVAS (KEMH Only): *10 mg/mL*

Dosage

Pain and/or fever:

Corrected Gestational Age	Dose	Frequency	Maximum daily dose
28 to 31+6 weeks	10 mg/kg/**dose**	Every 6 hours *as necessary*	40 mg/kg/**day**
32 weeks or greater	12.5 mg/kg/**dose**	Every 6 hours *as necessary*	50 mg/kg/**day**

When used for analgesia, an initial loading dose of 20 mg/kg/dose may be administered if clinically necessary with the maximum daily dose adhered to as stated above. Give first maintenance dose at least 6 hours after the loading dose.

Hemodynamically significant PDA:

Corrected Gestational Age	Dose	Frequency	Duration
All	15 mg/kg/**dose**	Every 6 hours	5 days

Dose Adjustment

Consider dose adjustment in severe renal or hepatic impairment.

Administration

IV infusion:

- Use undiluted.
- Infuse via syringe driver pump over 15 minutes.

Related Policies, Procedures, and Guidelines

HDWA Mandatory Policies:

MP 0131/20: WA High Risk Medication Policy

CAHS Neonatology Clinical Practice Guidelines:

Patent Ductus Arteriosus

Pain Assessment and Management

Immunisations

Pharmaceutical and Medicines Management Guidelines:

CAHS Neonatology – Medication Administration Guideline

High Risk Medicines

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Document history

Keywords	Paracetamol, pain, analgesia, acetaminophen, patent ductus arteriosus, PDA				
Abbreviations	IV: intravenous, CIVAS: Centralised Intravenous Additive Service				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH & PCH Pharmacy/Neonatology Directorate				
Version Info:	V5.0 – full review, updated IV dosing				
Date First Issued:	10/2008	Last Reviewed:	07/07/2026	Review Date:	07/07/2031
Endorsed by:	Neonatal Directorate Management Group			Date:	28/07/2026
NSQHS Standards Applicable:	Std 1: Clinical Governance		Std 4: Medication Safety		
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