ADULT MEDICATION GUIDELINE	
Paracetamol	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted ***(IV injection; combination products with codeine)***

Formulary: Unrestricted

HIGH RISK Medication ***(combination products with codeine)***

Medication Class

Paracetamol: analgesic

Paracetamol with codeine: opioid analgesic

Presentation

Paracetamol Only Products	
Form	**Strength**
Capsule	500 mg
Tablet	500 mg
Effervescent Tablet	500 mg
Modified release tablet	665 mg
Oral suspension	250 mg/5 mL (200 mL)
Suppository	500 mg

Infusion Bag	1 g/100 mL
Combination Products	
Form	**Active Ingredients & Strength**
Tablet	Paracetamol 500 mg with codeine 30 mg

Storage

Store at room temperature, below 25°C

Infusion Bag: Store at room temperature, below 25°C. Protect from light. Do not refrigerate or freeze.

Schedule 4 Restricted Medication *(combination products with codeine)*

Dose

Doses are based on paracetamol component.

Pain and fever

Oral/rectal:

500 mg to 1000 mg every 4 to 6 hours. Maximum 4 g daily.

Oral modified release:

2 tablets (1330 mg) every 6 to 8 hours swallowed whole. Maximum 6 tablets (3990 mg) daily.

IV infusion:

> 50 kg, 1 g every 4 to 6 hours; maximum 4 g daily.

< 50 kg, 15 mg/kg every 4 to 6 hours; maximum 60 mg/kg daily.

Administration

Oral

Swallow controlled release tablets whole; do not crush or chew.

Suppository

Do not remove from original packaging until dose required.

IV

Refer to the Australian Injectable Drugs Handbook

Monitoring

Renal impairment: a minimum interval between doses of at least 6 hours is recommended.

Hepatic impairment: dose reduction or a longer dosing interval is recommended. When used at high doses for prolonged periods, monitor liver aminotransferase levels and signs of hepatotoxicity. Higher than recommended doses can cause serious liver damage. Check that no other forms of paracetamol are prescribed (e.g. oral or rectal) and that the safe maximum total dose of paracetamol is not exceeded.

Body weight <50 kg: Reduce daily dose to 60 mg/kg/day, up to a maximum of 3 g per day.

Take care not to confuse the dose for IV paracetamol in mg and mL. If a dose is calculated in mg and given in mL, the patient will receive a 10-fold overdose. Calculate and double check the dose required before each administration.

Pregnancy

1st Trimester: Safe to use

2nd Trimester: Safe to use

3rd Trimester: Safe to use

Includes paracetamol and paracetamol with codeine products.

Breastfeeding

Paracetamol only: Safe to use

Paracetamol with codeine: Consider alternative

For more information, please contact KEMH Obstetric Medicines Information Service.

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Pregnancy care First trimester complications

Breast inflammation and infection: Mastitis and breast abscess

Perineal care and repair

Pain: Acute on chronic pelvic pain management

Palliative care (adults)

Pre-operative Medication Management
Pharmacist Initiated Medications
Endorsed Midwives Prescribing

WNHS Pharmaceutical and Medicines Management Guidelines:

Medication Administration

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