



**Recommendations of when to seek further advice from Poisons Information Centre.**

- Very large overdoses: immediate release or modified release paracetamol overdoses of > 50g or 1g/kg (whichever is less)
- High paracetamol concentration more than triple the nomogram line.

**Note:** These are situations where the risk of hepatotoxicity may be greater, the optimum advice is developing and where it is useful to seek advice.

**2 h before the completion of acetylcysteine infusion check:**  
**1/ ALT**  
**AND**  
**2/ Paracetamol concentration if initial paracetamol concentration was ≥ double the nomogram line**

**Continue acetylcysteine treatment if:**

- ALT > 50 U/L and increasing (if baseline ALT > 50 U/L)
- OR**
- Paracetamol concentration > 10 mg/L (66 µmol/L)

**NOTE:**

\*Cooperative adult patients who have potentially ingested ≥ 10g or 200 mg/kg (whichever is less). Paracetamol ingestions ≥ 30 g activated charcoal should be offered until 4 hours post ingestion.

# If paracetamol concentration will not be available until ≥ 8 h post ingestion, commence acetylcysteine while awaiting paracetamol concentration.

+ Patients should be advised if they develop abdominal pain, nausea or vomiting further assessment is required.

Note: for those in rural or remote regions where pathology is not available see alternative flowchart and text.