Does the patient meet the criteria for repeated supratherapeutic ingestion?

Ingestion of:

≥ 10 g or ≥ 200 mg/kg (whichever is less) over a single 24 h period.

OR

≥ 12 g or ≥ 300 mg/kg (whichever is less) over a single 48 h period.

OR

≥ a daily therapeutic dose^ per day for more than 48 h in those who also have abdominal pain or nausea or vomiting.

No further management required

Measure serum paracetamol concentration and ALT

ALT < 50 U/L and serum paracetamol concentration < 20 mg/L (132 µmol/L)

Commence acetylcysteine

No further treatment required

Repeat serum paracetamol concentration and ALT, 8 h post the previous concentration*

ALT < 50 U/L or static^ and paracetamol concentration < 10 mg/L (66 µmol/L)

Continue acetylcysteine and check ALT at 12 hourly intervals. Other parameters are measured as indicated

NOTE:

* If ALT > 1000 U/L a 20 h course of acetylcysteine should be completed, and a Clinical Toxicologist or Poisons Information Centre consulted.

# Those with significant acute liver injury secondary to paracetamol will have a very high and/or rapidly rising ALT. Small fluctuations in ALT (e.g. +/- 20 U/L or +/-10%) are common and do not on their own indicate the need for ongoing acetylcysteine.

^ Patients with abnormal liver function tests, not felt to relate to paracetamol ingestion, should have further investigation by their local medical provider for other causes.