

# Management of oral Paracetamol poisoning after 21-hour NAC treatment course

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Patient receiving 21-hour course of NAC

Obtain INR, venous gas, U&E and LFT after (or within 1h of) completion of last infusion

INR > 1.3 OR ALT > doubled since admission OR ALT > 150?

*if signs of liver failure \**

Continue NAC infusion; 50mg/kg every 8-hours (i.e. same dose/rate as initial infusions 3 and 4)

Repeat all blood tests after 12h

*if signs of liver failure \**

INR < 1.4?

INR < 3?

INR falling on last two samples?

Creatinine rise > 10% since admission?

- \* Liver failure signs**
- pH < 7.3
  - Lactate > 3.5 (>3 after 24h or post-resuscitation)
  - Encephalopathy grade 3 or 4
  - Creatinine > 300
  - INR > 6.5 or pro-thrombin time > 100

Physical management of poisoning completed. Now address self-harm unless truly therapeutic excess only.

- Repeat U&E after 12h
- Manage AKI (if any) conventionally
  - Abnormalities peak around day 3-7
  - Full recovery is the norm

Follow advice from regional liver unit