PARACETAMOL

Read in conjunction with Disclaimer

HIGH RISK Medication

Check Route of Administration, Dose and Indication
Caution in Neonates at risk of hepatotoxicity

INTRAVENOUS - Formulary: Restricted Requires Neonatologist or relevant specialist review within 24 hours of initiation	
ORAL - Formulary: Unrestricted Any prescriber may initiate treatment	
Presentation	**Oral suspension:** 250 mg/5 mL = **50 mg/mL** **IV:** 1g/100 mL = **10 mg/mL**
Classification	Non-narcotic 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** • **Haemodynamically significant Patent Ductus Arteriosis (PDA):** Where indomethacin is contraindicated or 2 courses have failed
Special Considerations	**Contraindicated where patient has:** • Hypersensitivity to paracetamol, • Hepatocellular insufficiency, or • Hepatic failure **Precaution:** High doses increase the risk of Haemolysis in patients with G6PD Deficiency
Monitoring	• Monitor for analgesic response • Monitor temperature if used for fever • Measure the paracetamol level if toxicity is suspected, routine monitoring not required.
Compatibility	**Fluids:** Glucose 5%, Sodium Chloride 0.9%
Interactions	Barbiturates, carbamazepine and phenytoin may increase clearance of paracetamol. Contact pharmacy for more information.
Side Effects	**Common:** Nausea, vomiting, constipation, dizziness, pain at injection site, pruritis, hypothermia
	Infrequent: Skin rash/urticaria, thromobocytopaemia, anaphylactic shock, hepatotoxic with chronic use
Storage	**Oral suspension:** Store at room temperature, below 25°C **IV solution:** Store at room temperature, below 25°C
Comments	Antidote for paracetamol overdose: Acetylcysteine

ORAL

Presentation (for oral use)

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

Dosage

Analgesia or Antipyretic:

CGA	Dose	Frequency	Maximum DAILY Dose
28 to 32+6 weeks	10 mg/kg	Every 6 hours *as necessary*	40 mg/kg/**day**
33 weeks or greater	15 mg/kg	Every 6 hours *as necessary*	60 mg/kg/**day**

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

Hemodynamically Significant Patent Ductus Arteriosus (PDA):

CGA	Dose	Frequency	Duration
All	15 mg/kg	Every 6 hours	5 days

PDA to be reviewed 3 days after course completion

Preparation

Nil required

Administration

- Draw prescribed dose into oral/enteral syringe
- Can be given Oral/OGT/NGT
- May be given anytime in relation to feeds

INTRAVENOUS INFUSION

Presentation (for IV use)

IV: 1g/100 mL = **10 mg/mL**

Dosage

Analgesia or Antipyretic:

CGA	Dose	Frequency	Maximum DAILY Dose
32 weeks or greater	10 mg/kg	Every 6 hours *as necessary*	50 mg/kg/**day**

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

Hemodynamically Significant Patent Ductus Arteriosus (PDA):

CGA	Dose	Frequency	Duration
All	15 mg/kg	Every 6 hours	5 days

PDA to be reviewed 3 days after course completion.

Preparation

Use undiluted

Administration

IV infusion:

Infuse via syringe driver pump over 15 minutes.

Related Policies, Procedures, and Guidelines

Clinical Practice Guidelines:

Neonatology – Patent Ductus Arteriosis (PDA)

Pharmaceutical and Medicines Management Guidelines:

WNHS High Risk Medicines

References

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