This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Paracetamol

Legal status (GSL, P or POM on exemption list, or PGD)	**tablet 500mg:** **GSL** - up to 16 tablets, **P** - 17-32 tablets and **POM** >32 tablets (PGD required) ie legal status depends on pack size **suspension 250mg in 5ml:** **GSL** up to 160ml **P** - > 160ml **suppository 500mg: P** *midwife can supply up to 32 tablets of 500mg (GSL or P) or supply up to 10x500mg suppositories*
Patient group	Antenatal women and postnatal women.
Clinical indication	Mild to moderate pain, pyrexia.
Pharmacology (Onset and duration of action where appropriate)	Paracetamol is a mild analgesic with antipyretic activity. The mechanism of analgesic action is not known. It may act mainly by inhibiting prostaglandin synthesis in the central nervous system and to a lesser extent through a peripheral action by blocking pain-impulse generation. Onset of action 30 minutes to 2 hours. Its analgesic effect usually lasts for 4-6 hours. Opiates can delay the onset of action.
Pharmaceutical form, strength, route of administration	Tablets (standard or dispersible) contain paracetamol 500mg - Oral. Suspension contains paracetamol 250mg in 5ml - Oral. Suppository contains paracetamol 500mg - Rectal. Give paracetamol orally as soon as a woman is able to take anything by oral route.

Paracetamol	
Dose, frequency and maximum number of doses or period of time for administration or supply	**Oral or rectal** 0.5g to 1g every 4 - 6 hours as required. Consider lower dose in women of ≤ 50 kg. Maximum 4 doses in 24 hours. Change from rectal to oral route as soon as woman is able to take anything orally. Continue until discharged from midwifery care. It is particularly dangerous in over-dosage as it can cause severe hepatic damage therefore do not administer within 4 hours of other products containing paracetamol and do not exceed maximum dose.
Contra-indications/exclusion criteria	▪ known hypersensitivity to paracetamol ▪ severe liver disease ▪ women who have been given paracetamol containing products within the last 4 hours
Cautions and action that will be taken if a caution applies	▪ moderate to severe renal impairment or history of hepatic impairment, chronic dehydration, alcohol consumption or malnutrition. ▪ low maternal weight ≤ 40kg ▪ check and document any allergies ▪ check and document past medical and drug history and current medication intake to ascertain potential for overdose ▪ if a caution applies consult with a doctor/GP before administration or supply ▪ document consultation in maternity record
Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ colestyramine decreases its absorption ▪ metoclopramide and domperidone increases rate of absorption. ▪ anticoagulant effect of warfarin may be enhanced by prolonged regular use ▪ tricyclic antidepressants can prolong half-life ▪ alcohol can increase its toxicity ▪ certain anticonvulsants and oral hormonal contraceptives can increase its clearance and may reduce its efficacy. Other enzyme-inducing anticonvulsants can increase toxicity of paracetamol. ▪ refer to current BNF for latest information on interactions ▪ if there is a drug interaction consult with a doctor/GP before ▪ administration or supply

Paracetamol

Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected	*Skin rashes and other allergic reactions are rare. Blood disorders and acute pancreatitis have been reported after prolonged use. Isolated cases of thrombocytopenia purpura, haemolytic anaemia and agranulocytosis have been reported. Redness of the mucous membranes of the rectum and minor local vascular changes after rectal route.* ▪ *on labour* *Nil* ▪ *on the neonate* *Nil* ▪ *on breast feeding* *Nil* ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	Liver damage is possible in adults who have taken 10g (20 tablets of 500mg) or more (or 150mg/kg, whichever is highest) but 5g or more (or 75mg/kg, whichever is highest) may lead to liver damage if the woman has other risk factors. Symptoms of overdose in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. However, it is often asymptomatic. ▪ immediate assessment/treatment is essential - refer all potential cases to medical staff ▪ manage in accordance with established treatment guidelines or see BNF overdose section ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ advise woman to contact midwife/GP if condition worsens or symptoms persist ▪ give the manufacturer's patient information leaflet to the woman
Patient monitoring arrangements during and after treatment and follow-up required	• Monitor pain scores regularly. • Follow up depends on the prescribing condition. • Refer to doctor/GP if response is inadequate after regular dose as part of triple or duo combination analgesics regimen.
Particular storage requirements	-

References

1. SPC for Paracetamol 500mg Tablets, Zentiva brand,text revision 3.8.2018 https://www.medicines.org.uk accessed 16.12.2019
2. http://www.bnf.org