TITLE- PARACETAMOL DOSE ADVICE - ADULT

TARGET AUDIENCE	Boardwide
PATIENT GROUP	Adult

Clinical Guidelines Summary

- **Dose advice summary for oral and intravenous paracetamol**
- **Good practice points for appropriate formulation of paracetamol to select**
- **Paracetamol PR is also available**
    - **evidence lacking regarding dose reduction in reduced body weight**
    - **could consider following oral dose reduction advice**

Paracetamol - Adults

- Oral route is the preferred method of administration and should be used if available
- IV route should only be used when clinically justified
- IV paracetamol must be changed to oral as soon as oral route is available.
- IV paracetamol is no more effective than oral paracetamol.
- For IV prescriptions, patient weight must be documented on HEPMA
- Please note soluble tablets have a high sodium content

Doses for Oral Administration

- 1 g four times daily (minimum dosage interval 4 hours).
- Consider dose reduction (see suggestions below) in patients with low body weight (< 50 kg), renal / hepatic impairment or glutathione deficiency (chronic malnourishment, chronic alcoholism)

Weight	Oral Dose & Interval	Maximum Daily Dose
≤ 40kg	500mg four times daily	2g
41kg to 49kg	1g three times daily	3g
≥ 50kg	1g four times daily	4g

Indications for IV Administration

- Short-term treatment of moderate pain, especially following surgery
- Short-term treatment of fever
- When other routes of administration are not possible

NB - IV paracetamol is contraindicated in severe hepatocellular insufficiency

Doses for IV Administration

Patient Group	IV Dose	Dosage Interval	Maximum Daily Dose
Adults > 50kg	1g up to four times daily	4-6 hours	4g
Adults < 50kg	15mg/kg/administration	4-6 hours	60mg/kg (max 3g)
Renal impairment (CrCl < 30ml/min)	As above, depending on weight	6 hours	As above, depending on weight
Hepatocellular insufficiency/ chronic alcoholism/ chronic malnutrition	1g up to three times daily	8 hours	3g

IV Administration

Infuse over 15 minutes. Drug already in solution, no further dilution required.

Note: for doses < 1g, remove and discard excess drug/volume then administer required amount from vial. Refer to Medusa monograph for further information (link available on Firstport).

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References

Sital S et al on behalf of British Hepatology Group Pharmacy Committee. Position Statement March 2022 – Prescribing weight adjusted oral paracetamol in adults.

(*https://www.basl.org.uk/uploads/BHPG/Paracetamol%20Position%20Statement_Mar%202022.pdf*)

Appendices

1. Governance information for Guidance document

Lead Author(s):	Sarah Brady
Endorsing Body:	ADTC
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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	S Brady, Acute Pain teams UHH, UHW & UHM
Consultation Process / Stakeholders:	Acute Pain teams UHH, UHW & UHM Surgical / anaesthetics lead pharmacists UHH, UHW & UHM
Distribution	NHSL Guidelines site

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version No.**
Oct 2021	S Brady	Update existing IV paracetamol dose guidance to encompass IV and oral routes of administration	1
Oct 2024	S Brady	• Format updated by medical illustration • Caution added re sodium content of soluble tablets	2
			3
		.	4
			5

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance