

KRPCC Faxable Acetaminophen Guide (revised 12/29/2015)

Patient specific information must be included on this form prior to faxing to the treatment team, including appropriate calculations where indicated.

This form is only valid if the Kentucky Regional Poison Control Center has been contacted and the form was faxed with patient specific information included. Do not include in medical chart unless completed appropriately.

To reach the KRPCC, call 1-800-222-1222.

Patient Name:	
Patient Age:	
Patient Weight:	
KRPCC Chart Number:	

Oral NAC (Mucomyst)

-Loading dose = 140 mg/kg

-Maintenance doses = 70 mg/kg every 4 hours **X 24 HOURS**

To prepare: Dilute 3:1 in juice or soda, over ice

Serve with CAP AND STRAW.

Can pretreat with a 5HT-3 antagonist (e.g. ondansetron) to prevent/treat vomiting

If the patient vomits NAC within one hour of the dose, repeat the dose

Obtain AST, ALT, total bilirubin, PT, electrolytes, BUN/Cr at time of initial APAP level

If APAP is still elevated after last dose or patient exhibits elevated/increasing LFTs or significantly elevated PT/INR, continue oral NAC for an additional 24 hours then re-evaluate.

Patient Weight:	
Oral Loading Dose:	
4 Hr Maintenance Doses	

V NAC (Acetadote)

Compatible in D5W or 0.45% NS

Patients > 40 kg

- Loading dose: 150 mg/kg in 200 ml infused over 60 minutes
- First maintenance dose: 50 mg/kg in 500 ml infused over 4 hours
- Second maintenance dose: 100 mg/kg in 1000 ml infused over 16 hours

Patients >20kg but <40 kg (note, only the diluent amount changes)

- Loading dose: 150 mg/kg in 100 ml infused over 60 minutes
- First maintenance dose: 50 mg/kg in 250 mL infused over 4 hours
- Second maintenance dose: 100mg/kg in 500 mL infused over 16 hours

Patients ≤ 20 kg (note, only the diluent amount changes)

- Loading dose: 150 mg/kg in 3 mL/kg of diluent administered over 60 minutes
- First maintenance dose: 50 mg/kg in 7 mL/kg of diluent administered over 4 hours
- Second maintenance dose: 100 mg/kg in 14 mL/kg of diluent infused over 16 hours

-Before the 16 hour bag runs out, repeat APAP, AST, ALT, bilirubin, BUN/Cr, and PT. If APAP is still present, or LFTs, PT/INR increasing, repeat the 16 hour bag and re-evaluate before stopping therapy.

*An elevated BUN/Cr alone is not an indication for continued therapy with oral or IV NAC – please contact the toxicologist on call for questions.

For patients >100kg: “No specific studies have been conducted to evaluate the use or necessity of dosing adjustments in patients weighing over 100kg...limited information is available... The dose of Acetadote recommended in these patients should be **a loading dose of 15,000 mg infused over one hour followed by a first maintenance dose of 5,000 mg over 4 hours, and a second maintenance dose of 10,000 mg over 16 hours).**”

Patient Weight:	
IV Loading Dose:	
1st Maintenance Dose:	
2nd Maintenance Dose:	

Anaphylactoid reactions are NOT anaphylaxis and not a contraindication to NAC therapy. Symptoms include urticaria, rash, pruritis (0.2-20% of patients). This only

occurs during the IV loading dose and may be infusion related. Patients may be evaluated for continued therapy using oral NAC, otherwise consider the following:

For flushing only, no changes to management need to occur.

For urticaria, provide diphenhydramine 1mg/kg up to 50 mg IV.

For angioedema, stop the infusion and provide diphenhydramine 1mg/kg up to 50 mg IV. If no symptoms after one hour, slowly restart infusion and increase rate as tolerated to complete the loading dose.

For respiratory symptoms or hypotension, stop NAC and manage airway, breathing, and circulation. Consider diphenhydramine 1mg/kg up to 50 mg IV. For life-threatening symptoms, consider cimetidine 5 mg/kg IV (max 300 mg) and/or epinephrine 5mg/kg (max 25 mg). If no symptoms after one hour, slowly restart infusion and increase rate as tolerated to complete the loading dose.