National Emergency Medicine Programme

Protocol for the administration of Paracetamol (Acetaminophen) at Triage in the Emergency Department

Date: November 2016
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1.0 Critical Elements

1.1 Name of Organisation :
1.2 Date Protocol Approved:
1.3 Author(s):

Reviewer(s)

1.4 Name of Employing Authority :

2.0 Clinical Criteria

2.1 Clinical condition for use of Protocol:
   2.1.1 Relief of mild to moderate pain in patients presenting with isolated limb injuries

2.2 Relevant intervention & National Guidelines / Evidence Based Practice:
   c. www.medicines.ie (http://www.medicines.ie/medicine/2106/SPC/Panadol+Tablets+500mg/)
   d. Irish Medicine Board www.imb.ie

2.3 Inclusion criteria for patients:
   - Patients with mild to moderate pain, who present with an isolated limb injury and who are aged ≥16 years and weigh ≥50 kgs.

2.4 Exclusion criteria for patient:
   - The patient is aged < 16 years
   - The patient weighs less than 50 kgs
   - The patient has taken Paracetamol or medication containing Paracetamol (e.g. Ixprim, Solpadol, Kapake, Solpadeine, Tylex) within last 4 hours or has taken 8 tablets within last 24 hours
   - The patient has a hypersensitivity to Paracetamol or any ingredients in the preparation
   - The patient has a history of hepatic or renal impairment

2.5 Action to be taken for those excluded from Protocol:

Protocol for the administration of Paracetamol (Acetaminophen) at Triage in the Emergency Department
Any patient who falls within the exclusion criteria or who declines Paracetamol should be referred to a Consultant in Emergency Medicine / Non-consultant Hospital Doctor on duty in the Emergency Department to have appropriate analgesia prescribed.

2.6 Description of circumstances and referral arrangements when further consultation required:

Patient within the exclusion criteria and patients excluded because of a drug contraindication / warning should be referred to Consultant in Emergency Medicine / Non-consultant Hospital Doctor on duty for appropriate analgesia to be prescribed.

2.7 Documentation requirement:

The drug name, dose, route of administration, time, date and name of the signature and PIN of the nurse that administered the drug must be entered in the prescription section of the patients Emergency Department documentation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Time</th>
<th>Dr Sig</th>
<th>Nurses Sig &amp; PIN</th>
<th>Given by</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/02/2013</td>
<td>Paracetamol</td>
<td>1 gram</td>
<td>PO</td>
<td>14.50</td>
<td>N Kelly</td>
<td>A. Smith</td>
<td>14.50</td>
<td></td>
</tr>
</tbody>
</table>

3.0 Details of Medication to be supplied

3.1 Name of Medication:

Paracetamol 500mgs tablets or suspension

Recommended Dose & Route

1 gram Stat Dose (Single dose only)

- Legal classification: Non-opioid analgesia
• Dosage over 12 years: 0.5g – 1g every 4-6 hours
• Route of administration: Oral
• Frequency of administration of dose: single dose only
• Maximum total dosage: 4gms daily in 24 hours

3.2 Warnings cautions contradictions: (SPC, 2010)

Contraindications

Hypersensitivity to Paracetamol or any of it’s constituents

Warnings /Cautions

Caution is advised in the administration of Paracetamol to patients with severe renal or severe hepatic impairment. The hazard of overdose is greater in those with moderate and severe liver disease.

Do not exceed the stated dose.

Patients should be advised not to take other Paracetamol-containing products concurrently.

This product should only be used when clearly necessary.

3.3 Potential adverse effects (SPC, 2010)

Side effects are rare:

There have been rare reports of blood dyscrasias including thrombocytopenia and agranulocytosis but these were not necessarily casually related to Paracetamol.

The frequency of adverse events associated with Paracetamol are tabulated below

<table>
<thead>
<tr>
<th>Body System</th>
<th>Undesirable Effect</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Blood and lymphatic system disorders</td>
<td>Thrombocytopenia</td>
<td>Very rare</td>
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<tr>
<td>Immune System disorders</td>
<td>Anaphylaxis</td>
<td>Very rare</td>
</tr>
<tr>
<td></td>
<td>Cutaneous hypersensitivity reactions, angioedema and Stevens Johnson Syndrome</td>
<td></td>
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</tbody>
</table>
Respiratory, thoracic and mediastinal disorders | Bronchospasm in patients sensitive to aspirin and other NSAIDs | Very rare
---|---|---
Hepato-biliary disorders | Hepatic dysfunction | Very rare

- Over-dosage (SPC, 2010)

  Immediate medical attention is required in the event of overdose, even if there are no significant early symptoms.

Action In advent of adverse reaction:

Inform relevant Medical Personnel of adverse reaction

- Patient should be reviewed by relevant Medical Practitioner and plan of action documented and carried out.
- Monitor patient closely and record vital signs as necessary.
- Document adverse reaction in patient’s notes.
- The patient and/or significant others should be informed of what has happened by relevant Nursing and Medical Personnel.

3.4 Procedure for reporting an adverse drug reaction to the Irish Medicines Board

All Adverse Drug Reactions to be reported via the IMB website [www.imb.ie](http://www.imb.ie) using the error reporting form.

3.5 Procedure for reporting errors near misses

- Inform relevant Medical Personnel adverse reaction
- Patient should be reviewed by relevant Medical Personnel.
- Monitor patient closely and record vital signs as necessary.
- Document adverse reaction in patient’s notes.
- The patient and/or significant others should be informed of what has happened by relevant Nursing and Medical Personnel.
- Complete incident form and send to Assistant Director of nursing who will forward to the Quality & Risk Management office.
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3.6 Validation references chart for calculation

Not required

3.7 Storage of medication:

- Paracetamol 500mgs tablets and Paracetamol Suspension 250mgs / 5 mls are stored in locked medicine cabinet within the Emergency Department.

3.8 Resources required:

- Staff authorised in this Protocol to administer Paracetamol are familiar with the availability and location of the resuscitation equipment in the Emergency Department.

3.9 Audit process

- Audit will be carried on an annual basis after implementation of this Protocol. An action plan will be devised if necessary and a re-audit carried out. Re-audit will then occur on a yearly basis and more frequently if required.

4.0 Patient Care Information

4.1 Advice to be given to patient

- Explanation given regarding the use of Paracetamol.
- Advice to patient if purchasing Paracetamol regarding not to exceed the stated dose.
- Patients should be advised not to take other Paracetamol containing products concurrently.
- Advice given that if the patient has any reaction the Paracetamol to attend their GP or the Emergency Department.

4.2 Medication Information (information leaflets)

- Not required

4.3 Follow up arrangements

- Refer to Medical Practitioner for further analgesia if required.

5.0 Staff Authorised to use Protocol

Protocol for the administration of Paracetamol (Acetaminophen) at Triage in the Emergency Department
5.1 Name of nurses authorised to use medication Protocol

See Appendix 1

5.1.1 Professional qualification, training, experience and competence necessary to use Protocol:

- Registered General Nurse qualified for more than 2 years & assigned to the Emergency Department for a minimum of 6 months before using this Protocol
- Have completed Manchester Triage System Training and deemed to be competent to be assigned to triage.

5.1.2 Requirement for staff for continuing education:

- Attendance at Basic Life Support every 2 years.
6.0 References/bibliography


Irish Medicines Board Adverse Reaction Report Form.


www.medicines.ie

http://www.medicines.ie/medicine/2106/SPC/Panadol+Tablets+500mg/ SPC 2010

Irish Medicines Board www.imb.ie
I have read understood and agree to adhere to the Policy, Procedure Protocol or Guideline outlined below

**PPPG- Paracetamol Administration Protocol For Emergency Department**

<table>
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<th>Emergency Department Staff</th>
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Signature Sheet
The Emergency Medicine Programme acknowledges the assistance of the Emergency Department staff in EDs nationally in the development of this guidance.

**Document Number**

**Date issued**

**Summary**

**Authors**

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**Applies to**

Adult Patients, Emergency Departments

**Audience**

Emergency Department Nursing Staff

**Approved by**

**Document status**

**Review date**

**Contents**

**Associated documents**

Pain Management in Adults

Pain Management in Children

*Protocol for the administration of Paracetamol (Acetaminophen) at Triage in the Emergency Department*