

PARACETAMOL

Indication	Route	Age	Loading dose	Dose	Frequency	Maximum dose	Notes	
Closure of PDA	I.V./Oral		-	15mg/kg	6 hourly	60mg/kg/day	Review after 3 days	
Antipyretic and Analgesic	Oral	< 32 weeks	20mg/kg	10mg/kg	8 hourly	30mg/kg/day		
		> 32 weeks	20mg/kg	10-15mg/kg	8 hourly	60mg/kg/day		
		> 37 weeks	-	15-20mg/kg	8 hourly	60mg/kg/day		
	P.R.	< 32 weeks	20mg/kg	10-15mg/kg	12 hourly	30mg/kg/day		
		> 32 weeks	30mg/kg	15-20mg/kg	8 hourly	60mg/kg/day		
		> 37 weeks	-	20mg/kg	8 hourly	60mg/kg/day		
				30 mg/kg	15-20 mg/kg	6 hourly	75mg/kg/day	POST OP
	I.V.	< 32 weeks	-	7.5mg/kg	12 hourly	15mg/kg/day		
		> 32 weeks	-	7.5mg/kg	8 hourly	22.5mg/kg/day		
> 37 weeks and < 10 kg		-	10mg/kg	8 hourly	30mg/kg/day			

Administration Details

The IV solution can be further diluted to aid administration with sodium chloride 0.9% or glucose 5%. Give IV infusion over 15 minutes.

See Medusa monograph for further administration and compatibility details.

Suppositories available in 15mg, 30mg, 60mg. Give a maximum of 2 suppositories at any one time and **DON'T** cut suppositories.

PDA Closure

Paracetamol may be considered when ibuprofen treatment has failed or is contraindicated.

Give 15mg/kg 6 hourly for 3 days and then reassess the duct using 2D echo. If duct still patent, then the paracetamol course may be repeated.

Monitoring

Monitor liver function (including INR), renal function, pain score (if used for pain), temperature, and oxygenation.

If toxicity/ overdose is suspected, take a paracetamol level, and follow TOXBASE guidelines. Paracetamol toxicity is treated with acetylcysteine (see monograph for more details).

Further Information

Paracetamol should be prescribed REGULARLY or PRN, but not both. Pay particular attention to patients who are post-operative when switching of frequency regularly occurs.

Adverse effects are rare but may include hypersensitivity reactions. Toxic nephropathy and liver injury have been documented after very prolonged treatment.

References:

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