

Presentation

Both oral and intravenous preparations are available.

Oral

Paracetamol solutions/suspensions:

- **Infant paracetamol suspension** (120 milligrams in 5 ml), used from 3 months to 5 years.
- **Paracetamol 6 plus suspension** (250 milligrams in 5 ml), used from 5 years of age upwards.

Paracetamol tablets

- 500 milligram tablets.

Intravenous

- Bottle containing paracetamol 1 gram in 100 ml (10 mg/ml) for intravenous infusion.

Indications

Relief of mild to moderate pain and/or high temperature. Oral administration only. IV route is not appropriate for this indication.

As part of a balanced analgesic regimen for severe pain (IV paracetamol is effective in reducing opioid requirements while improving analgesic efficacy). Only use IV paracetamol for severe pain or if contra-indication to opiates.

Actions

Analgesic (pain relieving) and antipyretic (temperature reducing) drug.

Contra-indications

Known paracetamol allergy.

Do **NOT** give further paracetamol if a paracetamol containing product (e.g. Calpol, co-codamol) has already

been given within the last 4 hours or if the maximum cumulative daily dose has been given already.

Side Effects

Side effects are extremely rare; occasionally intravenous paracetamol may cause systemic hypotension if administered too rapidly.

Additional Information

A febrile child should not be left at home except where:

- a full assessment has been carried out,

and

- the child has no apparent serious underlying illness,

and

- the child has a defined clinical pathway for reassessment and follow up, with the full consent of the parent (or carer).

Any IV paracetamol that remains within the giving set can be flushed using 0.9% saline. Take care to ensure that air does not become entrained into the giving set; if there is air in the giving set ensure that it does not run into the patient with further fluids. Ambulance clinicians should strictly adhere to the administration procedure as set out by their Trust to minimise this risk.

Some patients may be at increased risk of experiencing toxicity at therapeutic doses, particularly those with a body weight under 50 kg and those with risk factors for hepatotoxicity. Clinical judgement should be used to adjust the dose of oral and intravenous paracetamol in these patients.