



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



EMERGENCY
MEDICINE

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:*

- a. An Bord Altranais (2007) [Guidance to Nurses and Midwives on Medication Management](#)
- b. British National Formulary (Vol. 71 March – September 2016)
- 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 patients:*

- 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 :*

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.

Date	Drug	Dose	Route	Time	Dr Sig	Nurses Sig & PIN	Given by	Time
12/02/2013	Paracetamol	1 gram	PO	14.50		N Kelly	A. Smith	14.50

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 its 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

Body System	Undesirable Effect	Frequency
Blood and lymphatic system disorders	Thrombocytopenia	Very rare
Immune System disorders	Anaphylaxis Cutaneous hypersensitivity reactions, angioedema and Stevens Johnson Syndrome	Very rare

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 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.

- The relevant Nursing Administration Manager should be informed of the adverse reaction.

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 exceeding 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

An Bord Altranais (2007) Guidance to Nurses and Midwives on Medication Management.
Dublin: An Bord Altranais.

British National Formula (BNF) Vol. 71 March – September 2016. BMJ publishing Group Ltd
& Royal Pharmaceutical Society

Irish Medicines Board Adverse Reaction Report Form.

HSE National Health Care Records Management Advisory Group (2011) HSE Standards and
Recommended Practices for Healthcare Records Management.

HSE Code of Practice for Healthcare Records Management (2010) Abbreviations.

www.medicines.ie

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

Irish Medicines Board www.imb.ie



Signature Sheet

I have read understood and agree to adhere to the Policy, Procedure Protocol or Guideline outlined below

PPPG- Paracetamol Administration Protocol For Emergency Department

Emergency Department Staff	PIN	Signature	Date

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

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

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Adult Patients, Emergency Departments

Applies to

Emergency Department Nursing Staff

Audience

Approved by

Document status

Review date

Contents

Pain Management in Adults
Pain Management in Children

Associated documents