Drug Therapy Protocols: Paracetamol

Policy code	DTP_PAR_0924
Date	September, 2024
Purpose	To ensure a consistent procedural approach to paracetamol administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
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Paracetamol

Drug class[1,2]

- Analgesic
- Antipyretic

Pharmacology

Paracetamol is a ρ-aminophenol derivative that exhibits analgesic and antipyretic activity. It does not possess significant anti-inflammatory activity.[1,2]

Metabolism

By the liver, excreted by the kidneys.[1]

Indications

- **Mild to moderate pain**
- **Fever** (causing distress)

Contraindications

- Allergy AND/OR Adverse Drug Reaction
- Patients less than 1 month of age

Precautions

- Hepatic dysfunction

Side effects

- Nausea

Presentation

- Tablet, 500 mg *paracetamol*
- Elixir, 120 mg/5 mL *paracetamol*

Onset (PO)	Duration (PO)	Half-life
10–60 minutes	4 hours	≈ 2 hours

Schedule

- S2 (Therapeutic poisons).

Routes of administration

Per oral (PO)

FR AT C P ACP1 ACP2 CCP

Paracetamol

Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- Parents, guardians or carers of paediatric patients may choose to administer their own paracetamol formulation, in preference to those carried by QAS. Prior to administration, the product must be checked by a QAS clinician to ensure it is in date and that the correct dose is administered, according to the product packaging instructions. All medication doses administered in this way must be recorded on the eARF as a guardian administered dose to the paediatric patient.
- Consider previous doses of paracetamol administered by the patient, carer, parent, or guardian.
- May be administered with or without food.

Adult dosages [1,2]

- **Mild to moderate pain**
- **Fever** (causing distress)

FR C	PO	≥ 16 years – **0.5 g–1 g** Must not be administered within 4 hours of previous paracetamol administration. Repeated every **4 hours.** **Total max dose 4 g in 24 hours.**
AT P C ACP1 ACP2 CCP	PO	**0.5 g–1 g** Must not be administered within 4 hours of previous paracetamol administration. Repeated every **4 hours.** **Total max dose 4 g in 24 hours.**

Paediatric dosages

- **Mild to moderate pain**
- **Fever** (causing distress)

AT P C ACP1 ACP2 CCP

PO

≥ 1 month – **15 mg/kg**

Single maximum dose 1 g.
Must not be administered within 4 hours of previous paracetamol administration.

Age (Weight)	Dose	Volume / Quantity
1 month (4 kg)	60 mg	2 mL
2 months (5 kg)	75 mg	3 mL
3 months (6 kg)	90 mg	3 mL
4–5 months (7 kg)	105 mg	4 mL
6–9 months (8 kg)	120 mg	5 mL
9–12 months (9 kg)	135 mg	5 mL
10 kg (1 year)	150 mg	6 mL
2 years (12 kg)	180 mg	7 mL
3 years (14 kg)	210 mg	8 mL
4 years (16 kg)	240 mg	10 mL
5 years (18 kg)	270 mg	11 mL
6 years (20 kg)	300 mg	12 mL **OR** half a tablet
7 years (22 kg)	330 mg	13 mL **OR** half a tablet
8 years (25 kg)	375 mg	15 mL **OR** half a tablet
9 years (28 kg)	420 mg	17 mL **OR** half a tablet
10 years (30 kg)	450 mg	18 mL **OR** half a tablet
11 years (35 kg)	525 mg	21 mL **OR** 1 tablet
12-13 years (41 kg)	615 mg	25 mL **OR** 1 tablet
≥ 14 years (50 kg)	750 mg	1 and a half tablets

Elixir volumes have been rounded to assist with dosing convenience and are calculated specifically for the QAS supplied 120 mg/5 mL paracetamol elixir presentation.

Elixir preparation/administration:
if required, paracetamol elixir may be mixed with an equal volume of sweet ingestible liquid (to a maximum of 5 mL total volume). Administer orally with an appropriately sized syringe. Alternatively, a 'chaser' of sweet ingestible liquid can be given to the child immediately following the elixir.