

PARACETAMOL - ADULTS

- Oral route is the preferred method of administration and should be used if available
- IV route should only be used when **clinically justified**
- IV paracetamol must be changed to oral as soon as oral route is available.
- IV paracetamol is no more effective than oral paracetamol.
- For IV prescriptions, patient weight **must** be documented on HEPMA

Doses for Oral Administration

- 1 g four times daily (minimum dosage interval 4 hours).
- Consider dose reduction (see suggestions below) in patients with low body weight (< 50 kg), renal / hepatic impairment or glutathione deficiency (chronic malnourishment, chronic alcoholism)

Weight	Oral Dose & interval	Maximum daily dose
≤ 40kg	500mg four times daily	2g
41kg to 49kg	1g three times daily	3g
≥ 50kg	1g four times daily	4g

Indications for IV Administration

- Short-term treatment of moderate pain, especially following surgery
- Short-term treatment of fever
- When other routes of administration are not possible.

NB - IV paracetamol is contraindicated in severe hepatocellular insufficiency

Doses for IV Administration

Patient group	IV Dose	Dosage interval	Maximum daily dose
Adults > 50kg	1g up to four times daily	4-6 hours	4g
Adults < 50kg	15mg/kg/administration	4-6 hours	60mg/kg (max 3g)
Renal impairment (CrCl < 30ml/min)	As above, depending on weight	6 hours	As above, depending on weight
Hepatocellular insufficiency/ chronic alcoholism/ chronic malnutrition	1g up to three times daily	8 hours	3g

IV Administration

Infuse over 15 minutes. Drug already in solution, no further dilution required.

Note: for doses < 1g, remove and discard excess drug/volume then administer required amount from vial. Refer to Medusa monograph for further information (link available on Firstport).

Prepared By: NHSL Pharmacy Departments, NHSL Acute Pain Teams

Contact: Sarah Brady, Medicines Information, UHH medicines.information@lanarkshire.scot.nhs.uk

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