# Paracetamol (oral) for mild to moderate pain or fever

**SESLHDPR/464**

## POLICY STATEMENT

The Registered Nurse (RN), Registered Midwife (RM) or Enrolled Nurse (EN) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

An Enrolled Nurse (EN) may administer 'nurse initiated medication' to adults and children greater than 16 years. The EN must confirm verbally with their supervising Registered Nurse prior to the administration that the medication is appropriate and safe for the patient. An EN with a notation because they do not hold board approved qualifications in the administration of medicines is NOT authorised to administer any medication[5].

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed.
- Nurse-initiated medication may interact with the patient's prescribed medication.
- The maximum daily recommended dose of the medication must not be exceeded.[1]

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e. more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

## INDICATIONS

Analgesic and/or antipyretic in adults and children for mild to moderate pain and/or symptoms of fever when temperature is above 38.5 degrees C (per axilla)

## CONTRAINDICATIONS

- Hypersensitivity to paracetamol

## PRECAUTIONS

- Do not use with any other paracetamol-containing products. The concomitant use with other products containing paracetamol may lead to an overdose.
- Impaired liver function - may increase risk of further paracetamol related liver damage.
- Impaired kidney function - may result in accumulation of paracetamol conjugates.
- Sodium restriction - soluble products may contain large amounts of sodium
- Phenylketonuria - soluble products may contain aspartame.

- Dose adjustments may be required for patients with low body weight, patients with existing clinical conditions and any other factors affecting metabolism and excretion. Consult Medical Officer for advice.
- Safe to use in pregnancy (Australian category A) and breastfeeding.
- **Additional precautions in children:** fasting, vomiting, dehydration, toxic symptoms related to sepsis, or prior paracetamol intake (confirm with parent/carer).

## HISTORY/ASSESSMENT

- Assess pain and/or fever symptoms (may include irritability, lethargy and loss of appetite)
- Consult medication charts PRIOR to administration of paracetamol to ensure that a paracetamol-containing product is not already prescribed and that paracetamol-containing product has not been administered within the last 4 hours and is not due for administration in the next 4 hours. Ensure that this dose will not exceed the safe maximum daily dose from all sources for this patient.
- Check that patient is not receiving any drug/preparation which may interact with paracetamol.
- Consider referral to MO in those with precautions described above.

## PROTOCOL/ADMINISTRATION GUIDELINES

**Caution: CHECK for allergies and/or contraindications**

| Drug | Dose | Route | Frequency |
|---|---|---|---|
| **Paracetamol** | **<u>Children:</u> 15 mg/kg/dose up to 1000 mg**<br><br>**(maximum of 60 mg/kg/day - up to 4 g in 24 hours)** | **Oral** | **Once only** |
| | **<u>Adults</u>: 500mg to 1000mg**<br>(= one to two 500 mg tablets, or 10 to 20 mL of 48 mg/mL suspension)<br><br>**(maximum of 60 mg/kg/day or – up to 4 g in 24 hours)** | | |

Consider reducing dose in those with relevant precautions.

Caution with the strengths of different paediatric products, e.g. infant drops (50 mg/mL or 100 mg/mL) and liquid paracetamol (24 mg/mL or 48 mg/mL)

## MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Hypersensitivity reactions (e.g. rash, fixed drug eruption, toxic epidermal necrolysis and Stevens-Johnson syndrome), neutropenia, thrombocytopenia, pancytopenia, acute hepatitis may occur.
Interaction of warfarin and paracetamol may result in increase in bleeding.
Paracetamol absorption is decreased by gastric emptying drugs e.g. metoclopramide.

## DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

## PRACTICE POINTS

- Onset of pain relief is approximately 30 minutes after oral administration
- Maximum single doses and maximum cumulative doses of paracetamol from all sources over 24 hours must not be exceeded.
- Minimal paracetamol dosing interval is 4 hours.
- Infants and children tolerate low-grade fever (e.g. less than 38–38.5°C) well, often respond to fluids and comfort and may not need paracetamol; there is no evidence that paracetamol prevents febrile seizures.
- Combining paracetamol and ibuprofen (or using an alternating regimen) to treat fever is not recommended.
- Lack of awareness of the strengths of different paediatric products, e.g. infant drops (50 mg/mL or 100 mg/mL) and liquid paracetamol (24 mg/mL or 48 mg/mL), and use of more than one product containing paracetamol, may lead to dosage errors and toxicity; educate parents and carers appropriately.

## REFERENCES/FURTHER READING

1. PD2013_043 -Medication Handling in NSW Public Health Facilities
2. PD2020_045 - High-Risk Medicines Management Policy
3. Australian Medicines Handbook. Australian Medicines Handbook Pty Ltd, 2021.
4. MIMS on-line July 2021
5. Medication: Administration by Enrolled Nurses SESLHDPD/160, 2018.

## REVISION and APPROVAL HISTORY

| Date | Revision Number | Author and Approval |
|---|---|---|
| July 2015 | DRAFT | Pharmacy Department, The Sutherland Hospital |
| September 2015 | 1 | Aligned with PD2015_029<br>Approved by SESLHD Drug & QUM Committee |
| May 2018 | DRAFT 2 | Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated. |

| | | |
|---|---|---|
| July 2018 | 2 | Approved by SESLHD Quality Use of Medicines Committee |
| August 2021 | DRAFT 3 | Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated. |
| September 2021 | 3 | Approved by SESLHD Quality Use of Medicines Committee |