

Paracetamol (rectal) for mild to moderate pain or fever and nil by mouth

SESLHDPR/489

POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) 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.

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) and patient is nil by mouth.

CONTRAINDICATIONS

- Hypersensitivity to paracetamol
- Conditions that make rectal administration inappropriate e.g. recent rectal or anal surgery, perianal or perineal abnormalities or trauma.

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.
- Dose adjustments may be required for underweight patients, 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.

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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 a 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	<p><u>Children:</u> 15 mg/kg/dose up to 1000 mg</p> <p>rounded down to nearest suppository strength 125 mg, 250 mg, 500 mg</p> <p>(maximum of 60 mg/kg/day up to 4 g in 24 hours)</p>	Rectal	Once only
	<p><u>Adults:</u> 500mg to 1000 mg</p> <p>(= one to two 500 mg suppositories)</p> <p>(maximum of 60 mg/kg/day up to 4 g in 24 hours)</p>		
<p>Consider lowering dose in those with risk factors for toxicity – see precautions.</p> <p>Caution with the strengths of suppository available and use of more than one product containing paracetamol, may lead to dosage errors and toxicity.</p> <p>Use Personal Protective Equipment (PPE). Ensure outside wrap is removed from suppository prior to use and insert slowly beyond the anal sphincter.</p>			

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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.

Rectal absorption can be erratic and delayed.

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 unpredictable after rectal 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 different strengths of rectal paracetamol products 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

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Date	Revision Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, The Sutherland Hospital
September 2015	1	Aligned with PD2015_029 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