

MHS MRG 17- Paracetamol overdose

Key messages

Treat **ALL** reported paracetamol overdoses as a potential emergency. All actual or suspected paracetamol overdoses should be referred to hospital (Accident & Emergency) for assessment, including blood tests.

Due to the ease of access paracetamol is frequently used in overdose in self-harm attempts. Paracetamol is both acutely and accumulatively toxic. Toxic doses of paracetamol may cause severe hepatocellular necrosis which may ultimately be fatal. Liver damage is maximal 3 – 4 days after paracetamol overdose. Therefore, even if there are no significant early symptoms, patients who report taking a paracetamol overdose should be transferred to an acute hospital urgently.

Community Psychiatric Nurses (CPNs)

When a CPN takes someone with a suspected overdose of paracetamol to the emergency department they should have a handover discussion with the receiving service, indicating what the follow up management should be if the person is deemed medically fit, including psychiatric hospital admission.

TOXBASE

The following advice is taken from the TOXBASE entry for paracetamol:

Management: Management of paracetamol overdose depends on the type of overdose involved. The NPIS has defined different types of paracetamol overdose as follows:

- **Paracetamol overdose over a period of one hour or less:** Excessive amounts of paracetamol are ingested over a period of less than one hour, usually in the context of self-harm.
- **Staggered paracetamol overdose (non-therapeutic ingestions of excessive paracetamol over a period of more than one hour):** Excessive amounts of paracetamol are ingested over longer than one hour, usually in the context of self-harm.
- **Therapeutic excess (ingestions of excessive paracetamol with intent to treat pain or fever and without self-harm intent):** Therapeutic paracetamol excess, where patients ingest paracetamol at a dose greater than the licensed daily dose AND more than or equal to 75 mg/kg/24hrs, for the treatment of pain or fever without self-harm intent is common. This usually occurs over more than 24 hours but may occur over less than 24 hours. Therapeutic excess can involve use of excessive doses of the same paracetamol product or inadvertent use of more than one paracetamol-containing product at the same time.

NHS Greater Glasgow & Clyde

Mental Health Services

Safer Use of Medicines Group

All patients who meet any of the following criteria should be referred to hospital for medical assessment:

- Patients who have ingested paracetamol in the context of self-harm (irrespective of reported dose)
- Symptomatic patients
- Patients who have ingested 75 mg/kg* or more paracetamol over a period of one hour or less
- Patients where the time of ingestion is uncertain but the dose ingested is 75 mg/kg* or more

*For a 60kg individual 75mg/kg equates to 9 tablets.

MHRA advice is that treatment with acetylcysteine should be commenced without delay in **ALL** patients who have ingested a staggered overdose.

Further reading

[Poisoning, emergency treatment | Treatment summaries | BNF | NICE](#)

[GGC Medicines - Adult Therapeutics Handbook: Treatment of paracetamol overdose](#)

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