

N-Acetyl-Cysteine treatment for paracetamol overdose in patients with possible toxic ingestion and paracetamol level requiring treatment as per Rumack-Matthew nomogram and low risk of mental health deterioration

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Co-ingestions requiring LOS > 24 hours • Established hepatotoxicity e.g. <ul style="list-style-type: none"> ○ Acidosis ○ Encephalopathy / coagulopathy • Pregnancy • Behavioural disturbance or high suicidality or high flight risk 	<ul style="list-style-type: none"> • Still awaiting ED Mental Health team review

KEY CONSIDERATIONS DURING SSU ADMISSION

<ul style="list-style-type: none"> • Initial investigations – FBE/UEC/LFT/INR/bedside glucose • 4 hour post ingestion Paracetamol level to guide treatment start (for single timed ingestions only) • If 4 hour level above level of toxicity; commence 24 hour NAC infusion as per current WH guideline • For multi-timed ingestions or presentations >8 hours post ingestion; commence NAC infusion as soon as possible • Ensure ED mental health review completed and ongoing care plan documented • No subsequent blood tests are required for ingestions taken within 8 hours of presentation to ED as long as baseline investigations normal and NAC infusion completed • For multi-timed ingestions or ingestion > 8 hours before presentation, consider repeating FBE/UEC/BSL/LFT/INR after infusion protocol completed
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REFERRAL CRITERIA

<ul style="list-style-type: none"> • Incomplete infusion for any reason e.g. reaction, patient refusal • Deteriorating mental health • Ongoing or worsening liver dysfunction
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DISCHARGE CRITERIA

<ul style="list-style-type: none"> • ED Mental Health team review completed and outpatient follow-up plan in place • Stable vital signs • Tolerating oral intake

DISCHARGE REQUIREMENTS

<ul style="list-style-type: none"> • Follow up plan: LMO and / or mental health clinician • Medical certificate

NURSE INITIATED DISCHARGE CRITERIA

Medical staff to check: <ul style="list-style-type: none"> <input type="checkbox"/> All investigations reviewed and results actioned <input type="checkbox"/> Discharge documentation and patient education completed <input type="checkbox"/> EMH assessment completed and follow-up plan appropriate and timely 	NID: Appropriate/ Not Appropriate Signature
Outcomes pending (to be filled in by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <input type="checkbox"/> All “discharge criteria and requirements” met <input type="checkbox"/> NAC infusion completed as per protocol <input type="checkbox"/> EMH assessment completed and follow-up plan appropriate and timely <input type="checkbox"/> Support and transport person available 	NID: Appropriate/ Not Appropriate Signature