

DRUG:	PARACETAMOL (Intravenous)
PRESENTATION:	Vial: 1g/100mL (10mg/mL)
ACTION & INDICATION:	Analgesic. For relief of postoperative pain and reduce the use of narcotic analgesics in infants \geq 35 weeks. Indicated in PAT score more than 10 or PIPP score more than 12
DOSE:	Use in neonates \geq 35 weeks gestation Can be used in preterm infants born at $<$ 35 weeks only after they have reached the corrected gestational age of 35 weeks. 7.5mg/kg/dose eight hourly for maximum of 48 hours Preferable to use on an as required (prn) basis. Use fifth dose only if the trough level is less than 10mg/L and the liver function is normal. In addition, measure peak levels 30 minutes after the completion of the fifth dose. The therapeutic levels are 10 to 30 mg/L. Do not use further doses if peak levels are more than 30mg/L or trough levels are more than 10mg/L.
ADMINISTRATION:	Intravenous infusion: Infuse over 15 minutes Use undiluted
ADVERSE EFFECTS:	In older children: Vomiting, hypothermia, constipation, nausea, dizziness, injection site pain, pruritis. Rarely, hepatotoxicity, skin rash, urticaria, thrombocytopenia, anaphylactic shock
COMMENTS:	Limited evidence available regarding the efficacy and safety in neonates Contraindicated where patient has hypersensitivity to paracetamol, severe hepatocellular insufficiency or hepatic failure. Do not use in infants with hepatocellular insufficiency, severe renal impairment and dehydration. Barbiturates, carbamazepine and phenytoin may increase clearance of paracetamol. Measure the paracetamol level if toxicity is suspected. Antidote for paracetamol overdose: Acetylcysteine Discard vial immediately after use Do not refrigerate vial NB: IV and Oral dose regimes are different
REFERENCES:	http://cahs.hdwa.health.wa.gov.au/_data/assets/pdf_file/0006/94578/CPG_f_or_the_use_of_Intravenous_Paracetamol.pdf (accessed 3 June 2010)
DATE:	November 2011