





NEONATAL

# PARACETAMOL

This document should be read in conjunction with this [DISCLAIMER](#)

<b>Presentation</b>	Oral mixture: 250mg/5mL Bag: 1g/100mL (10mg/mL)														
<b>Action &amp; Indication</b>	<ul style="list-style-type: none"> <li>• <b>Analgesia:</b> For relief of postoperative pain and reduce the use of narcotic analgesics in infants <math>\geq 32</math> weeks.             <ul style="list-style-type: none"> <li>○ Indicated in PAT score more than 10 or PIPP score more than 12</li> </ul> </li> <li>• <b>Haemodynamically significant Ductus Arteriosus (DA):</b> Where indomethacin is contraindicated or 2 courses have failed.</li> </ul> <p>Contraindicated where patient has hypersensitivity to paracetamol, severe hepatocellular insufficiency or hepatic failure.</p>														
<b>Dose</b>	<p><b><u>Analgesia</u></b></p> <p><b>IV:</b> CGA <math>\geq 32</math> Weeks 7.5mg/kg/dose every 8 hours for a maximum of 48 hours Preferable to use on an as required ("PRN") basis.</p> <p><b><u>Analgesia/Antipyretic</u></b></p> <p><b>Oral:</b></p> <table border="1" data-bbox="392 1422 1508 1780"> <thead> <tr> <th>Corrected Gestational Age</th> <th>Loading Dose</th> <th>Maintenance dose</th> <th>Maximum dose</th> </tr> </thead> <tbody> <tr> <td>28 to 32 weeks</td> <td>20mg/kg/dose</td> <td>10-15mg/kg/dose every 8 to 12 hours if necessary</td> <td>30mg/kg/day</td> </tr> <tr> <td>&gt;32 weeks</td> <td>20mg/kg/dose</td> <td>10-15mg/kg/dose every 6 to 8 hours if necessary</td> <td>60mg/kg/day</td> </tr> </tbody> </table> <p><b><u>Haemodynamically significant ductus arteriosus (DA)</u></b></p> <p><b>Oral / IV:</b> IV Available from CIVAS (KEMH) 15 mg/kg/dose 6 hourly for 5 days. DA should be reviewed after 3 days.</p>			Corrected Gestational Age	Loading Dose	Maintenance dose	Maximum dose	28 to 32 weeks	20mg/kg/dose	10-15mg/kg/dose every 8 to 12 hours if necessary	30mg/kg/day	>32 weeks	20mg/kg/dose	10-15mg/kg/dose every 6 to 8 hours if necessary	60mg/kg/day
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<b>Preparation</b>	<b><u>IV</u></b> : Use undiluted <b><u>Oral</u></b> : Nil
<b>Administration</b>	<b><u>IV</u></b> : Infuse over 15 minutes <b><u>Oral</u></b> : Can be given any time with regards to feeds
<b>Adverse Effect</b>	<b>Common</b> : nausea, vomiting, constipation, dizziness, injection site pain, pruritis, hypothermia <b>Serious</b> : skin rash/urticaria, thrombocytopenia, anaphylactic shock, hepatotoxic with chronic use, risk of haemolysis in G6PD patients with high dosage
<b>Related clinical guidelines</b>	<a href="#">Patent Ductus Arteriosus (PDA)</a>
<b>Comments</b>	<ul style="list-style-type: none"> <li>• Discard bag immediately after use</li> <li>• Do not refrigerate bag</li> <li>• Contraindicated where patient has hypersensitivity to paracetamol, severe hepatocellular insufficiency or hepatic failure.</li> <li>• <b>Do not</b> use in infants with hepatocellular insufficiency, severe renal impairment and dehydration.</li> <li>• Barbiturates, carbamazepine and phenytoin may increase clearance of paracetamol.</li> <li>• Measure the paracetamol level if toxicity is suspected, routine monitoring not required.</li> <li>• Antidote for paracetamol overdose: Acetylcysteine</li> </ul>
<b>References</b>	<p>Paediatric Formulary Committee. BNF for Children: 2012-2013. Pharmaceutical Press; 2012.</p> <p>Mangum B. Neofax 2012. Thomson Reuters; 2012.</p> <p>Formulary N. Neonatal Formulary 7<sup>th</sup> Edition.</p> <p>Taketomo CK, Hodding JH, Kraus DM. Pediatric and neonatal dosage handbook. Hudson (OH): Lexi Comp; 2010.</p> <p>Terrin, G., et al. (2016). "Paracetamol for the treatment of patent ductus arteriosus in preterm neonates: a systematic review and meta-analysis." <u>Archives of disease in childhood. Fetal and neonatal edition</u> <b>101</b>(2): F127-136.</p> <p>Seymour, R. A., et al. (1984). "A comparative study of the effects of aspirin and paracetamol (acetaminophen) on platelet aggregation and bleeding time." <u>Eur J Clin Pharmacol</u> <b>26</b>(5): 567-571.</p>

File path:			
Keywords:	Paracetamol, PDA, Patent Ductus Arteriosus		
Publishing:	<input checked="" type="checkbox"/> Intranet <input checked="" type="checkbox"/> Internet		
Document owner:	Head of Department - Neonatology		
Author / Reviewer:	KEMH & PCH Pharmacy / Neonatal Clinical Care Unit		
Date first issued:	October 2016	Version:	3.0
Last reviewed:	October 2016	Next review date:	October 2019
Endorsed by:	Neonatal Clinical Directorate Group	Date:	25/11/2016
Standards Applicable:	NSQHS Standards: 1  Clinical Care is Guided by Current Best Practice, 4  Medication Safety;		
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