

Acute Pain Services
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Recommendations for use of Paracetamol

Paracetamol is indicated in patient with pain or pyrexia. The choice of route is:

1. Oral
2. Rectal
3. Intravenous (IV)

Recommended dose

By mouth

ADULT AND CHILD over 12 years: 0.5–1 g every 4–6 hours to a max. of 4 g daily;
CHILD: 3 months–1 year 60–120 mg, 1–5 years 120–250 mg, 6–12 years 250–500 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours). *For severe symptoms* 20 mg/kg (max. 1 g) every 6 hours (max. 90 mg/kg daily in divided doses, not to exceed 4 g) for 48 hours (or longer if necessary and if adverse effects ruled out) then 15 mg/kg every 6 hours; max. 4 g daily.

By rectum (every 4–6 hours as necessary (max. 4 doses in 24 hours))

ADULT and CHILD over 12 years: 500mg–1 g up to 4 times daily;
CHILD: 3–12 months 60–125 mg 1–5 years 125–250 mg, 6–12 years 250–500 mg.
For severe symptoms 40 mg/kg (max. 1 g) as a single dose then 20 mg/kg every 6 hours (max. 90 mg/kg daily in divided doses) for 48 hours (or longer if necessary and if adverse effects ruled out) then 15 mg/kg every 6 hours.

By intravenous infusion over 15 minutes

ADULT and CHILD over 50 kg: 1 g every 4–6 hours, max. 4 g daily;
ADULT and CHILD 10–50 kg: 15 mg/kg every 4–6 hours, max. 60 mg/kg daily;
NEONATE and CHILD less than 10 kg: 7.5 mg/kg every 4–6 hours, max. 30 mg/kg daily.

See BNF for children for doses in children under 3 months old.

Route of Administration

If the oral route is compromised, i.e. patient is nil by mouth, ventilated or suffering from nausea and vomiting, then the rectal route should be considered. If the rectal route is not suitable e.g. site of surgery, patient refusal, severity of pain symptoms preventing the patient being moved, then the IV route should be considered.

The IV route may need to be considered in the immediate post-operative period if pain is difficult to control with IV and Epidural opiates. Only one dose of IV Paracetamol is usually required before the patient can be converted to oral Paracetamol. In certain situations e.g. following oesophagectomies more than one dose may be required. If prolonged use of IV Paracetamol is considered appropriate this should be discussed with the Acute Pain Service. IV Paracetamol should always be used for the minimum number of doses possible.

Cautions / Contra-indications:

- Paracetamol is contra-indicated in severe hepatic impairment.
- Paracetamol should be used with caution after liver transplantation or liver resection (paracetamol is conjugated by the liver). A maximum of 2g in 24 hours should be prescribed and only if the liver is thought to be functioning well.