



CLINICAL GUIDELINE

Paracetamol use and guidance in pain management

Acute Pain Service, Royal Alexandra Hospital

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.


Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	1
Does this version include changes to clinical advice:	N/A
Date Approved:	20 th August 2025
Date of Next Review:	31 st May 2028
Lead Author:	Louise Ganeswaran
Approval Group:	Clyde Sector Clinical Governance Forum

Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

	NHS Greater Glasgow & Clyde Royal Alexandra Hospital	Pages	1 - 5
		Effective From	October 2024
	Paracetamol	Review Date	May 2028
		Version	1
Authors – Louise Ganeswaran CNS Acute Pain Management, Kirsty Murray CNS Acute Pain Management Approved by – Dr Guy Fletcher Consultant Anaesthetist			

Aim of Guideline

- Use and guidance on paracetamol in management of pain

Contact Details

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Paracetamol is an effective analgesia to treat mild to moderate pain. It also improves the effect of other analgesia in the treatment of moderate to severe pain.

Medical Forms of Administration

- Tablet
- Effervescent tablet
- Orodispersible tablet
- Capsule
- Oral suspension
- Oral solution
- Solution for infusion
- Suppository

Only use one route of administration at a time

Dose

1000mg four times daily is the maximum dose

Consider dose reduction in patients with low body weight (<50kg), renal/hepatic impairment or glutathione deficiency (chronic malnourishment, chronic alcoholism) to 15mg/kg/dose up to four times daily/max 60mg/kg/daily. An example is: paracetamol oral 500mg four times daily. In patients with hepatocellular insufficiency, a dose reduction of the oral preparation should be determined on a case by case basis with senior medical input. N.B. Patients with chronic liver failure may require a further dose adjustment (7.5mg/kg/dose, max 30mg/kg/daily).

General Cautions

- Haematology/ICU patients where pyrexia or sepsis may be masked
- Hepatic failure
- Renal impairment
- Low weight
- Before administration, check when paracetamol was last administered and cumulative paracetamol dose over previous 24 hours, body weight if under 50kg.
- Please see <https://bnf.nice.org.uk/interactions/paracetamol> for current advice on interactions
- Paracetamol is also used in other medicines such as co-codamol, dihydrocodeine, cold and flu remedies which can also be bought over the counter

Intravenous Paracetamol

Use is restricted to certain clinical areas. Consultants, Clinical Nurse Specialists in Pain Management and Anaesthetists are able to prescribe IV paracetamol only

Short-term treatment of moderate pain following surgery, and for the short-term treatment of pyrexia, when administration by IV route is clinically justified. If used, change to oral route as soon as possible.

Maximum dose of IV paracetamol must not exceed 3000mg/day in patients with:

- Hepatocellular insufficiency
- Chronic alcoholism
- Chronic malnutrition/lower stores of hepatic glutathione)
- Dehydration
- In overdose, paracetamol IV may possibly be more toxic than the oral route. See www.toxbase.org (password required) for management

Administration

Infuse the ready-made solution over 15 minutes. For doses <1000mg, remove and discard excess drug/volume then administer the required amount.

IV Paracetamol Dose

Varies depending on weight, renal function and other co-morbidities. See general cautions, notes and dosing table below to determine dose.

- Low weight (<50kg) or renal impairment (CrCl <30ml/minute) reduce dose using the table below.

Table 1 – IV Paracetamol Dosing Table

Patient Group	Dose	Dosage Interval	Maximum Daily Dose
Adults >50kg	1000mg up to four times daily	Four hourly	4000mg
Adults 33 – 50kg	15mg/kg per administration	Four hourly	60mg/kg without exceeding 3000mg
Adults >10 – 33kg	Seek advice from your clinical pharmacist or Medicines Information		
Renal impairments with CrCl 10 – 30ml/min*	As above, depending on weight	Six hourly	As above, depending on weight

*If CrCl <10ml/minute recommended 500mg – 1000mg every 6 – 8 hours

Side-effects

General side-effects

Rare or very rare – Thrombocytopenia

Specific side-effects

Common or very common

With rectal use – Anorectal erythema

Rare or very rare

With IV use – Hypersensitivity; hypotension; leucopenia; malaise; neutropenia

With rectal use – Angioedema; liver injury; severe cutaneous adverse reactions (SCARs); skin reactions

Frequency not known

With IV use – flushing; skin reactions; tachycardia

With oral use – Agranulocytosis; bronchospasm; herpetic function abnormal; rash; severe cutaneous adverse reactions (SCARs)

With rectal use – Agranulocytosis; blood disorder

Overdose

Liver damage and less frequently renal damage can occur following overdose.

Nausea and vomiting, the only early features of poisoning, usually settle within 24 hours.

Persistence beyond this time, often associated with the onset of right subcostal pain and tenderness, usually indicates development of hepatic necrosis

Pregnancy and Breastfeeding

Not known to be harmful

Amount too small to be harmful in breast milk

Reference

- GC Therapeutic handbook – Paracetamol
<https://handbook.ggcmedicines.org.uk/guidelines/acute-pain-and-post-operative-nausea-and-vomiting/prescribing-notes-for-acute-pain/>
- BNF – <https://bnf.nice.org.uk/drugs/paracetamol/#indications-and-dose>

Checklist for NEW clinical guidelines requiring approval

Please refer to the [NHSGGC Clinical Guideline Framework](#) and supporting guidance document for assistance on completing this checklist. You can also contact clinical.guidelines@ggc.scot.nhs.uk if you would like any additional support with the checklist or clinical guideline approval process. **PLEASE NOTE: the checklist should be downloaded for completion.**

Section (A) – Clinical Guideline Information

Name of Clinical Guideline (Drug Name/ Procedure, Condition, Patient Group, Scope) Paracetamol use and guidance in pain management Acute Pain Service, Royal Alexandra Hospital	Date of Next Review: 31/05/2028
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Name of Lead Author: Louise Ganeswaran	Designation: CNS - Acute Pain Management	Email: Louise.Ganeswaran@scot.nhs
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Section (B) – Guideline Development and Consultation

Rationale for creating the Guideline *why have you developed this guideline? What problem does it seek to resolve?*

Rationale: Paracetamol prescribing guidance and management of overdose

Which key stakeholders were involved in the development of this guideline? *Please provide the names of colleagues and/or groups/ committees who helped to develop this guideline*

1. Dr Gavin Fletcher - Consultant in Pain Management

4.

2. Kirsty Murray - CNS Acute Pain Management

5.

3.

6.

Please provide the names of ALL key stakeholders/ clinical governance groups who were consulted on this guideline *include additional names on a separate sheet of paper if required*

1. David Carter - Pharmacist

4.

2.

5.

3.

6.

How do you plan to disseminate and implement this guideline within NHSGGC? *All guidelines will be included on the Clinical Guideline Platform and disseminated by the Clinical Governance Related Publication monthly update*

Guideline champion <input type="checkbox"/>	Education and training <input checked="" type="checkbox"/>	Link to existing networks <input type="checkbox"/>	Reminders <input type="checkbox"/>	QR code <input type="checkbox"/> <i>CGSU can provide</i>	Audit & feedback <input type="checkbox"/>	Other <input type="checkbox"/> Please provide details
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Section (C) – About your guideline and the approval process

The Clinical Guideline Platform where your guideline will be hosted is organised into Toolkits and Tags (please see guidance document for more information). Please use the options below to indicate where best your guideline sits. If you are unsure, then please contact clinical.guidelines@ggc.scot.nhs.uk

TAG – What areas are your guideline applicable to? *this will help us to determine the appropriate approval group(s) for your guideline so please tick all that apply.*

NHSGGC Wide	Acute	Primary Care & Community	Mental Health	Women & Children	Medicines/ Pharmacy	Infection Control
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other *if your guideline is applicable to an individual Sector/ Directorate/HSCP or individual department/service/specialty/site only, please advise which* RAH Surgical and anaesthetics

Rationale *please advise the reasoning for this being applied locally only* There is differing advice and contact numbers for the acute pain service throughout GGC

Scope and Purpose of the Clinical Guideline *what will your guideline do and who will be affected by its implementation?*

Scope and Purpose: Provides general information on the safe prescribing paracetamol for pain management

Is the guideline related to the prescription or administration of drugs/ medicines information?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If Yes, has a pharmacist been involved in the development/ review of the guideline	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		If Yes, should the guideline be made available on the therapeutics handbook	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Are there any additional cost/service implications associated with this guideline?

Yes ☐ No ☒ If Yes, please provide details below

Does the clinical guideline contain hyperlinks?

Yes ☒ No ☐ If Yes, have you reviewed the links and confirm you are comfortable with the content? Yes ☒ No ☐

Guideline Toolkits: *please choose 1 Main Toolkit and no more than 4 additional toolkits.*

Main toolkit	Additional toolkit 1	Additional toolkit 2	Additional toolkit 3	Additional toolkit 4
Choose an item	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Subtoolkit	Subtoolkit	Subtoolkit	Subtoolkit	Subtoolkit
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Clinical Guideline Search Terms <i>please provide below a list of search terms (please see guidance document)</i>			
Search Terms: RAH Acute Pain, RAH paracetamol			
Guideline Approved <input type="checkbox"/>	Guideline Approved with provisos <input type="checkbox"/>	Guideline not approved <input type="checkbox"/>	Date
Name of Approving Group:	Choose an item.		