

Appendix 8: Paracetamol Overdose Admission Checklist

Name:

Hosp. No:

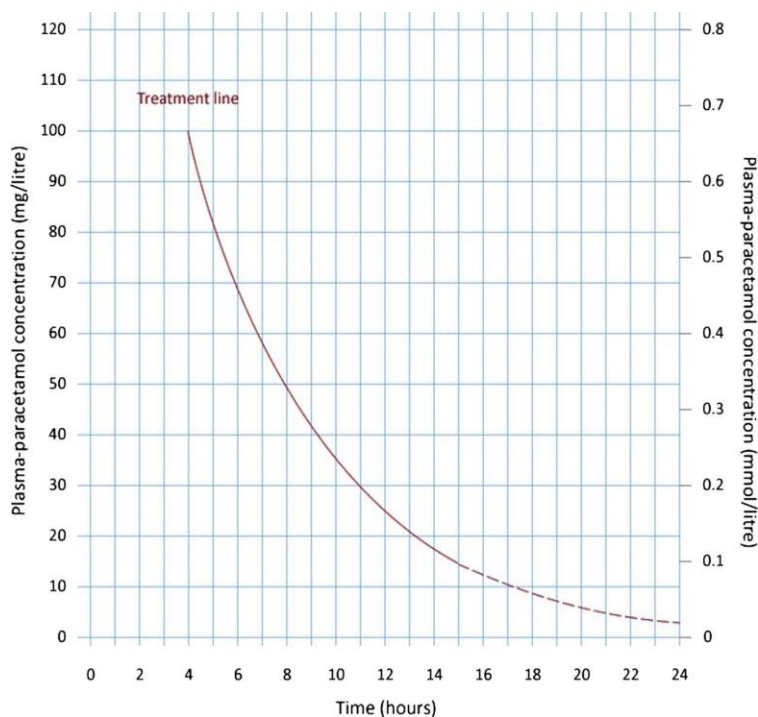
D.O.B:

(SNAP policy for ≥ 16 years)

Initial Evaluation

| | | | |
|-------------------------------|--|-----------------------------|--|
| Overdose Start time | | Overdose End time | |
| Quantity taken | | | |
| Patient weight | | | |
| Overdose mg/kg | | | |

| | |
|--|--|
| Time bloods taken (must be > 4 hours from End time) | |
| How many hours post ingestion from Start time ? | |
| Paracetamol levels | |
| Treatment required? | |
| 8 hours from Start time - Start treatment at 8 hours if results pending | |



Interpret from **Start time** to **blood taken** time

☐ Time medical observations completed (as per TOXBASE guidelines):
 Who will review the patient:

☐ Paracetamol levels taken / due? Time.....
 Hours post overdose.....

☐ Paracetamol levels should be taken at 4 hours (or ASAP afterwards) for all unwitnessed overdoses

☐ A&E suicide risk assessment in overdose completed

☐ All patients must have ECG and routine bloods performed

☐ EPMA completed

☐ VTE form completed

☐ Acetylcysteine completed as per SNAP: Time completed.....

☐ Bloods at or just before the end of the second infusion (U&Es, HCO₃, LFTs, FBC, INR, Glucose, Paracetamol level & VBG/ABG)

☐ MHLT

Admitting doctor / reviewing doctor
