National Emergency Medicine Programme

Protocol for the delegated administration of Paracetamol 1g Medication at triage in the Emergency Department

EMP 2016, revised March 2021

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1.0 Critical Elements

1.0 **Name of Organisation** :
1.1 **Date Protocol Approved**:
1.2 **Author (s):**

Reviewer (s)

1.3 **Name of Employing Authority** :

2.0 Clinical Criteria

2.1 **Clinical condition for use of protocol:**

2.1.1. Relief of mild to moderate pain in patients presenting with isolated limb injuries

2.2 **Relevant intervention and National Guidelines /Evidence Based Practice:**

- Nursing and Midwifery Board of Ireland (NMBI) Guidance for Registered Nurses and Midwives on Medication Administration (2020)
- British National Formulary (most recent edition)
- www.medicines.ie
- https://www.medicines.ie/medicines/list/all/page-1/per-page-25?query=Paracetamol (accessed 29th January 2021)
- www.imb.ie

2.3 **Inclusion criteria for patients**:

- Patients with mild to moderate pain, presenting with an isolated limb injury aged ≥ 16years and more than 50kgs.

2.4 **Exclusion criteria for patient users**:

- Aged < 16 years
- Patients less than 50 kgs
- Patient has taken Paracetamol or medication containing Paracetamol (e.g. Ixprim, Solpadol, Kapake, Solpadeine, Tylex) within last 4 hours or has taken 8 tablets within last 24 hours
- Hypersensitivity to Paracetamol or any ingredients of preparation
- History of hepatic or renal impairment

2.5 **Action to be taken for those excluded from protocol** :

Any patient who refuses treatment or who fall within the exclusion criteria need to be referred to an Emergency Department Consultant Registrar in duty in the Emergency Department.

2.6 **Description of circumstances and referral arrangements when further consultation required**

Patient within the exclusion criteria and patient excluded because of the drug contraindication/ warning should be referred to Emergency Doctor for analgesia prescription

2.7 **Documentation requirement** :

The drug name, dose, route of administration, time, date and name of the signature of the nurse that administered the drug must be entered in the drug section of the Patients Emergency Department Documentation.

Date	Drug	Dose	Route	Time	Dr Sig	Nurses sig	Given by	Time
12/02/2013	Paracetamol	1 gram	PO	14.50		N Kelly	A. Smith	14.50

3.0 Details of Medication to be supplied

3.1 Name of Medication: Paracetamol 500mgs tablets

Recommended Dosage and Route

1 gram Stat Dose (Single dose only)

- Legal classification: Non-opioid analgesia
- Dosage over 12 years: 0.5g – 1g every 4-6 hours
- Route of administration: Oral
- Frequency of administration of dose: single dose only
- Maximum total dosage: 4gms daily in 24 hours

3.2 Warnings cautions contradictions: (SPC, 2010)

Contraindications

Hypersensitivity to Paracetamol or any of the other constituents

Warnings /Cautions

- Caution is advised in the administration of Paracetamol to patients with severe renal or severe hepatic impairment. The hazard of overdose is greater in those with moderate and severe liver disease.
- Do not exceed the stated dose.
- Patients should be advised not to take other Paracetamol-containing products concurrently.
- This product should only be used when clearly necessary.

3.3 Potential adverse effects (SPC, 2010)

Side effects are rare:

There have been rare reports of blood dyscrasias including thrombocytopenia and agranulocytosis but there were not necessarily casually related to Paracetamol.

The frequency of adverse events associated with Paracetamol are tabulated below

Body System	Undesirable Effect	Frequency
Paracetamol		
Blood and lymphatic system disorders	Thrombocytopaenia	Very rare
Immune System disorders	Anaphylaxis Cutaneous hypersensitivity reactions, , angioedema and Stevens Johnson syndrome	Very rare
Respiratory, thoracic and mediastinal disorders	Bronchospasm in patients sensitive to aspirin and other NSAIDs	Very rare
Hepatobiliary disorders	Hepatic dysfunction	Very rare

- Over dosage (SPC, 2010)

  Immediate medical attention is required in the event of overdose, even if there are no significant early symptoms.

Action In advent of adverse reaction:

Inform relevant Medical Personnel adverse reaction

- Patient should be reviewed by relevant Medical Practitioner and plan of action documented and carried out.
- Monitor patient closely and record vital signs as necessary.
- Document adverse reaction in patient's notes.
- The patient and/or significant others should be informed of what has happened by relevant Nursing and Medical Personnel.

3.4 Procedure for reporting an adverse drug reactions to the Irish Medicines Board

All Adverse Drug Reactions to be reported via the IMB website www.imb.ie using the error reporting form**.**

3.5 Procedure for reporting errors near misses

- Inform relevant Medical Personnel adverse reaction
- Patient should be reviewed by relevant medical practitioner.

- Monitor patient closely and record vital signs as necessary.
- Document adverse reaction in patient's notes.
- The patient and/or significant others should be informed of what has happened by relevant Nursing and Medical Personnel.
- Complete incident form and send to Assistant Director of nursing who will forward to the Quality and Risk Management office.
- The relevant Nursing Administration Manager should be informed of the adverse reaction.

3.6 Validation references chart for calculation

Not required

3.7 Storage of medication:

- Paracetamol 500mgs tablets and Paracetamol Suspension 250mgs / 5 mls are stored in locked medicine cabinet within the Emergency Department.

3.8 Resources required:

- Staff authorised in this protocol to administer Paracetamol are familiar with the availability and location of the resuscitation equipment in the Emergency Department

3.9 Audit process

- Audit will be carried on an annual basis after implementation of this protocol. An action plan will be devised if necessary and a re-audit carried out. Re-audit will then occur on a yearly basis and more frequently if required.

4.0 Patient Care Information

4.1 Advice to be given to patient

- Explanation given regarding the use of Paracetamol.
- Advice to patient if purchasing Paracetamol regarding not to exceeding the stated dose.
- Patients should be advised not to take other Paracetamol containing products concurrently.
- Advice given if patient has any reaction to attend their GP or the Emergency Department.

4.2 Medication Information (information leaflets)

- Not required

4.3 Follow up arrangements

- Refer to medical team for further analgesia.

5.0 Staff Authorised to use protocol

5.1 Name of nurses authorised to use medication protocol

See Appendix 1 (P10)

5.1.1 Professional qualification training experience and competence necessary to use protocol:

- Registered General Nurse qualified more than 2 years and assigned to the Emergency Department for 6 months before using this protocol
- Completed Manchester Triage Training and deemed competent to work in triage.

5.1.2 Requirement for staff for continuing education:

- Attendance at Basic Life Support every 2 years.
- HSELanD Medications Management
- HSELanD National Anaphylaxis programme for Healthcare Professionals

5.1.3 Competency assessment

Each nurse is required to be observed on three occasions assessing a patient for suitability for Paracetamol 1g P.O. and the safe administration of same by a Registered Prescriber (Nurse or Doctor).

Competency assessment form can be viewed in Appendix 1 (P9)

6.0 References/bibliography

British National Formula (BNF) (2014).

HSE National Health Care Records Management Advisory Group (2011) HSE Standards and Recommended Practices for Healthcare Records Management.

HSE Code of Practice for Healthcare Records Management (2010) Abbreviations.

Irish Medicines Board Adverse Reaction Report Form.

https://www.medicines.ie/medicines/list/all/page-1/per-page-25?query=Paracetamol (accessed 29th January 2021

www.imb.ie

Nursing and Midwifery Board of Ireland (NMBI) Guidance for Registered Nurses and Midwives on Medication Administration (2020) (NMBI)

Appendix 1

Competency Assessment Sheet

RN Name …….. PIN ……

	Assessors Name	NMBI / MCN PIN	Signature	Date
1				
2				
3				

Appendix 2

Signature Sheet
I have read understood and agree to adhere to the Protocol

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RN Name	PIN	Signature	Date