

Acetylcysteine IV

(also known as N-Acetylcysteine, NAC)

CAUTION: High Administration Risk Rating

CAUTION: Acetylcystine is administered as a loading dose over 2 hours followed by a maintenance dose.

This information applies to ORAL paracetamol overdoses in adults, for INTRAVENOUS paracetamol overdoses contact the National Poisons Information Centre (NPIC) (01 8092566)

- See <u>TOXBASE</u> to determine the management of the patient depending on the number of hours since ingestion.
 - If Acetylcysteine is indicated, follow the tables below

This monograph is for preparation of **intravenous acetylcysteine**For nebulised administration see **Acetylcysteine nebulised**

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Form	2g per 10mL ampoule (Parvolex®) (200mg per mL)	Store below 25°C.		
Reconstitution	Already in solution			
Compatibility & Stability	Glucose 5% (preferred) Sodium Chloride 0.9%			

Administration IV Infusion – SNAP

SNAP (Scottish and Newcastle Acetylcysteine Protocol)

(Also known as Modified 12-hour regimen)

For Adults ≥40kg – see table below

First infusion (100mg/kg, max 11g)

- Remove 50mL from a 250mL infusion bag
- Add required dose to 200mL infusion fluid
- Infuse over 2 hours

Second Infusion (200mg/kg, max 22g)

- Add required dose to 1000mL infusion fluid
- Infuse over next 10 hours

Acetylcysteine for Adults ≥40kg					
12-hour Regimen	First infusion		Second Infusion		
Infusion fluid	200mL		1000mL		
Duration of infusion	2 hours		10 hours		
Drug dose	100mg/kg		200mg/kg		
Patient weight ¹	Ampoule volume ²	Infusion Rate	Ampoule volume ²	Infusion Rate	
kg	mL	mL/hour	mL	mL/hour	
40-49	23	112	45	105	
50-59	28	114	55	106	
60-69	33	117	65	107	
70-79	38	119	75	108	
80-89	43	122	85	109	
90-99	48	124	95	110	
100- 109	53	127	105	111	
≥110	55	128	110	111	
¹ Dose calculations are based on weight in middle of each band. ² Figures have been rounded up to the nearest whole number.					

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications.

Further information is available from Pharmacy on 22146 or 22542



For Adults <40kg see table below

The volume of infusion fluid has been modified to take patient weight into account, as fluid overload is a potential danger

First infusion (100mg/kg)

 Pts 20-39.9kg Prepare 50mg/mL solution; Add TWO 10mL ampoules NAC to 60mL of diluent (total volume = 80mL) & infuse appropriate volume for patient weight – see table below

Second Infusion (200mg/kg)

- Pts 20-29kg Prepare 10mg/mL solution; Remove 430mL from 1000mL bag to leave 570mL diluent. Add THREE 10mL ampoules NAC to 570mL (total volume = 600mL) & infuse appropriate volume for patient weight
- Pts 30-39.9kg Prepare 10mg/mL solution; Remove 240mL from 1000mL bag to leave 760 mL diluent. Add FOUR 10mL ampoules to 760mL of diluent (total volume = 800mL) & infuse appropriate volume for patient weight

Acetylcysteine for Adults <40kg					
12-hour Regimen	First infusion		Second Infusion		
Concentration	50mg/mL		10mg/mL		
Duration of infusion	2 hours		10 hours		
Drug dose	100mg/kg		200mg/kg		
Patient weight ¹	Infusion volume ²	Infusion Rate	Infusion volume ²	Infusion Rate	
kg	mL	mL/hour	mL	mL/hour	
20-24	44	22	440	44	
25-29	54	27	540	54	
30-34	64	32	640	64	
35-39	74	37	740	74	
¹ Dose calculations are based on weight in middle of each band. ² Figures have been rounded up to the nearest					

Specialist advice on those with liver disease.

Discuss (with liver unit) if any of below:

- ALT > 1000 u/L
- INR >3.0

whole number.

- ↑ creatinine
- Acidosis or encephalopathy
- ↓BP (MAP < 60 mmHg)
- Pre-existing liver disease

Adverse reactions

Anaphylactoid reactions may occur, particularly with initial loading dose. Patient should be carefully observed.

- Temporarily stopping the acetylcysteine may be all that is required.
- Consider an H₁ antihistamine (e.g. chlorphenamine 10 mg IV) and nebulised salbutamol if bronchospasm is present.
- It is essential that the acetylcysteine infusion is restarted once the reaction has settled. Consider slowing the infusion rate (e.g. administer the first bag over twice as long as usual. The normal infusion rate can be used for subsequent bags).

Monitoring

 Check bloods (LFTs, INR, U&E, P&S, FBC) 2 hrs before second infusion due to end

Can discontinue after the 2nd infusion if:

- INR ≤ 1.3 **and**
- ALT is normal and
- Paracetamol conc. < 10 mg/L and

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	Patient has no symptoms suggesting liver damage				
	If all of these criteria are not met:				
	 Initiate a 3rd infusion of NAC at the same dose and rate as the 2nd 				
	infusion. i.e. 200mg/kg over 10 hours				
	Repeat bloods again after a further 10 hours of treatment				
	Stop treatment after 3 rd infusion (22 hours after commencing NAC) if:				
	• INR ≤ 1.3 and				
	ALT < x2 upper limit of normal and				
	ALT < x2 the admission measurement				
	If all of these criteria are not met:				
	Initiate a 4 th infusion at same dose and rate				
	Discuss with NPIS				
	Discuss with Liver unit if not already involved				
Extravasation	The first infusion has a high osmolarity and may cause venous irritation and				
ZXII d Vasacion	tissue damage in cases of extravasation. If a central venous access device is				
	unavailable, administer via a large peripheral vein monitoring insertion site				
	closely using a recognised phlebitis scoring tool. Re-site cannula at first signs of				
	inflammation.				
Additional	SNAP (modified 12-hour regimen) is an off label use of acetylcysteine				
Information	albeit at its licensed dose. This regimen is endorsed by National				
	Poisons Information Service (NPIS) and the Royal College of				
	Emergency Medicine: see <u>Toxbase</u> (username/password required,				
	available Resusc room ED)				
	available resuse room ES)				
	 A ceiling weight of 110kg should be used when calculating the 				
	acetylcysteine dose for paracetamol poisoning in obese patients.				
	NPIS advises that for pregnant patients the toxic dose should be				
	calculated using the patient's pre-pregnancy weight and the				
	acetylcysteine dose (both regimens) should be calculated using the				
	patient's actual pregnant weight.				
	NB: Due to the dialysability of acetylcysteine for patients on renal				
	replacement therapy the dose of acetylcysteine should be				
	doubled.(Toxbase, UpToDate, RDD)				
	Paracetamol overdose in Children : see <u>Toxbase</u> for standard 21 hour				
	regimen				

Information provided relates to Parvolex® (Phoenix Labs)