

Acetylcysteine Prescribing and Administration
Chart for 12-hr shortened N-acetylcysteine
dosing schedule (SNAP protocol) – RHC Glasgow

Name: _____
Address: _____
DoB: _____
CHI: _____

Affix patient data label

Infusion 3 & 4 only

Please ensure that acetylcysteine is also prescribed on the patient's HEPMA Kardex.

Weight:.....kgs
(DO NOT USE If <30kg or patient <6 years of age)

Infusion 3* (extended treatment)		Acetylcysteine 200mg/kg over 10 hours				Preparation		Administration checks			
Date	Time	Dose (mL)	Diluent (1000mL)	Infusion rate (mL/hr)	Prescriber's signature	Prepared/Checked by	Date Time	Volume remaining (mL)	Volume infused (mL)	Checked by	
Prescription											
Comments:					Stopped by:						
					Date:	Time					

Infusion 4* (extended treatment)		Acetylcysteine 200mg/kg over 10 hours				Preparation		Administration checks			
Date	Time	Dose (mL)	Diluent (1000mL)	Infusion rate (mL/hr)	Prescriber's signature	Prepared/Checked by	Date Time	Volume remaining (mL)	Volume infused (mL)	Checked by	
Prescription											
Comments:					Stopped by:						
					Date:	Time					

If the patient meets criteria for a further infusion then repeat infusions 3 and/or 4 (extended). Refer to protocols for discontinuation criteria. Prescribe a 5th infusion using a new chart, contacting pharmacy for advice if required.

*These infusions should only be commenced if extended treatment is required. Please refer to protocols to determine need for extended treatment.



Acetylcysteine Antidote Adverse Effects – Features & Management

REACTION to acetylcysteine		COMPLICATIONS of paracetamol ingestion	
None <input type="checkbox"/>	Wheeze <input type="checkbox"/>	Abnormal liver function <input type="checkbox"/>	Encephalopathy <input type="checkbox"/>
Flushing <input type="checkbox"/>	Hypotension <input type="checkbox"/>	Acute kidney injury <input type="checkbox"/>	Haemorrhage <input type="checkbox"/>
Vomiting <input type="checkbox"/>	Other: <input type="checkbox"/>	Hypoglycaemia <input type="checkbox"/>	Other: <input type="checkbox"/>
Rash <input type="checkbox"/>	Specify.....	Acidosis <input type="checkbox"/>	Specify.....
Date and time of reaction	Initial	Date and time of reaction	Initial

MANAGEMENT OF SIDE EFFECTS

- N-acetylcysteine may cause anaphylactoid reactions in 2% of cases with this protocol. Flushing, pruritus, rash, hypotension, angioedema, bronchospasm and vomiting are most common.
- Reactions can be managed by stopping the infusion. Consider chlorphenamine for flushing/itch, nebulised salbutamol if there is bronchospasm and ondansetron if there are GI side effects.
- **Restart the infusion once the reaction has resolved at half the rate to completion of infusion.**
- Previous reaction is **NOT** a contra-indication to N-acetylcysteine and cases should receive treatment if indicated. Reactions are now considerably less common with the 12-hour SNAP protocol compared to standard regimes.

Ondansetron oral or IV slow (over 2mins) injection (Nausea and vomiting) - Age 6 months-16 years

Body weight	Dose
Up to 10kg	2mg three times daily
10 - 40kg	4mg three times daily
41kg and above	8mg three times daily

Chlorphenamine ORAL (Rash and itch)

Age	Dose
1-23 months	1mg twice per day
2-5 years	1mg 4-6 hourly (maximum 6mg per day)
6-11 years	2mg 4-6 hourly (maximum 12mg per day)
12-16 years	4mg 4-6 hourly (maximum 24mg per day)

Chlorphenamine IV INJECTION (Rash and itch)

Age	Dose
1-5 months	250 micrograms/kg (maximum four times daily)
6 months - 5 years	2.5mg (maximum four times daily)
6 - 11 years	5mg (maximum four times daily)
12 - 16 years	10mg (maximum four times daily)