

Height _____ cm Weight _____ kg

Allergies _____

N-Acetylcysteine Infusion for Treatment of Acetaminophen Poisoning Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Date of Acetaminophen Ingestion _____ Time of Ingestion _____ Amount Ingested _____ mg <input checked="" type="checkbox"/> Contact the Ontario Poison Centre (416-813-5900)			
Time (hhmm)	Consults <input type="checkbox"/> _____			
By	Vitals/Monitoring Vitals <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO ₂ , Pain Score q4h and PRN Neurovitals <input checked="" type="checkbox"/> Neurovitals (Glasgow Coma Scale, pupil size/response to light) q _____ h <input checked="" type="checkbox"/> Notify Physician immediately if change in level of consciousness			
Status	Monitoring <input type="checkbox"/> Intake and Output q8h			
Processing Reviewed by	Tubes <input type="checkbox"/> Insert NG tube <input type="checkbox"/> Insert OG tube <input type="checkbox"/> Insert Foley catheter			
Status	Respiratory <input type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% and less than 96%			
Faxed by	Lab Investigations Initial Investigations <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> PT/INR <input checked="" type="checkbox"/> Na, K, Cl <input checked="" type="checkbox"/> TCO ₂ <input checked="" type="checkbox"/> Creatinine, <input checked="" type="checkbox"/> Anion Gap <input checked="" type="checkbox"/> VBG <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Serum Osmolality <input checked="" type="checkbox"/> Random Glucose <input checked="" type="checkbox"/> ALT <input checked="" type="checkbox"/> AST <input checked="" type="checkbox"/> ALP <input checked="" type="checkbox"/> Bilirubin <input checked="" type="checkbox"/> Salicylate <input checked="" type="checkbox"/> Calcium <input checked="" type="checkbox"/> Magnesium <input checked="" type="checkbox"/> Phosphate <input checked="" type="checkbox"/> Ethanol level <input checked="" type="checkbox"/> Urine Drug Screen <input checked="" type="checkbox"/> Acetaminophen level (at least 4 hours post END of ingestion) <input checked="" type="checkbox"/> For patients receiving N-Acetylcysteine <input checked="" type="checkbox"/> Repeat q12h <input checked="" type="checkbox"/> VBG <input checked="" type="checkbox"/> Na, K, Cl <input checked="" type="checkbox"/> Random Glucose <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Serum Creatinine <input checked="" type="checkbox"/> AST <input checked="" type="checkbox"/> ALT <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Repeat Acetaminophen level <input type="checkbox"/> q12h until undetectable OR <input type="checkbox"/> q4h until acetaminophen level peaks THEN q12h until undetectable (If ingested sustained release preparation, opioids, or anticholinergics)			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back

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N-Acetylcysteine Infusion for Treatment of Acetaminophen Poisoning Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy) Time (hhmm)	Lab Investigations Continued... <input type="checkbox"/> For certain cases determined by the Poison Centre to be severe risk <input type="checkbox"/> Lactate <input type="checkbox"/> Lipase <input type="checkbox"/> Phosphate (if liver enzyme elevated) <input type="checkbox"/> Repeat q4h until acetaminophen level peak then q12h until undetectable <input type="checkbox"/> VBG <input type="checkbox"/> Na, K, Cl <input type="checkbox"/> Random Glucose <input type="checkbox"/> Urea <input type="checkbox"/> Serum Creatinine <input type="checkbox"/> AST <input type="checkbox"/> ALT <input type="checkbox"/> INR <input type="checkbox"/> Acetaminophen level			
By	IV Fluid Bolus IV <input type="checkbox"/> _____ mL IV bolus over _____ after bolus IV finished, then THEN _____ IV Fluid <input type="checkbox"/> _____ with _____ KCl per litre at _____ mL/h <input type="checkbox"/> Reassess fluids every 24 hours			
Status	Medications <input type="checkbox"/> Activated Charcoal 50 g x 1 dose <input type="checkbox"/> PO <input type="checkbox"/> NG <input type="checkbox"/> OG			
Processing Reviewed by	N-Acetylcysteine IV Treatment <input checked="" type="checkbox"/> Discontinue all Acetaminophen containing products while on N-Acetylcysteine <input checked="" type="checkbox"/> Hold N-Acetylcysteine and notify physician if patient experiences any anaphylactoid reaction (rash, hypotension, wheezing and/or shortness of breath)			
Status	3% N-Acetylcysteine (30 mg/mL) IV Infusion <input type="checkbox"/> Typical Dosing <input type="checkbox"/> Loading dose: 3% N-Acetylcysteine 60 mg/kg/h IV X 4 hours (max. 6,000 mg/h) THEN <input type="checkbox"/> Maintenance: 3% N-Acetylcysteine 6 mg/kg/h IV continuously until advised to stop by Poison Centre (max 600 mg/h) OR <input type="checkbox"/> High Risk Dosing <input type="checkbox"/> Loading dose: 3% N-Acetylcysteine 60 mg/kg/h IV X 4 hours (max. 6,000 mg/h) THEN <input type="checkbox"/> Maintenance: 3% N-Acetylcysteine 12 mg/kg/h IV continuously until advised to stop by Poison Centre (max. 1,200 mg/h)			
Faxed by				

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Orders Processed Date (dd/mm/yyyy) _____ Time (hhmm) _____ By _____ Status _____ Processing Reviewed by _____ Status _____ Faxed by _____	Guidelines to prepare 3% N-Acetylcysteine Infusion (30 mg/mL) in 5% dextrose in water (20% N-Acetylcysteine = 200 mg/mL) 5% dextrose in water = D5W					
	Body Weight (kg)	Step 1 Volume (mL) removed from D5W bag	Step 2 Volume (mL) of 20% N-Acetylcysteine added to D5W bag			
	20 kg or Less	Remove 37.5 mL from 250 mL bag of D5W	Add 37.5 mL of 20% N-Acetylcysteine to 212.5 mL of D5W 7,500 mg (7.5 g) in 250 mL = 30 mg/mL or 3%			
	21 - 40 kg	Remove 75 mL from 500 mL bag of D5W	Add 75 mL of 20% N-Acetylcysteine to 425 mL of D5W 15,000 mg (15 g) in 500 mL = 30 mg/mL or 3%			
	41 kg or Greater	Remove 150 mL from 1000 mL bag of D5W	Add 150 mL of 20% N-Acetylcysteine to 850 mL of D5W 30,000 mg (30 g) in 1000 mL = 30 mg/mL or 3%			
	**Each bag of 3% N-Acetylcysteine should be changed at 24 hours to guarantee stability of the solution					
	Discontinuation of N-Acetylcysteine					
	<input checked="" type="checkbox"/> When acetaminophen level is undetectable and directed by Ontario Poison Centre (416-813-5900)					
	Additional Orders					

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