

PARACETAMOL - SAFE PRESCRIBING - MIND THAT CHILD!

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- ▶ POISONINGS IN CHILDHOOD ARE COMMON BUT GENERALLY NOT FATAL
- ▶ IN WAITEMATA DHB, THE MAJORITY OF REPORTED POISONINGS ARE IN UNDER TWOS
- ▶ EDUCATE CAREGIVERS/FAMILIES TO STORE PARACETAMOL OUT OF REACH OF CHILDREN
- ▶ ENCOURAGE PARACETAMOL TO BE USED FOR TREATING APPROVED CONDITIONS ONLY
- ▶ USE INDIVIDUALISED DOSES; SUPPLY SMALLER VOLUMES

Paracetamol is well known for its capacity to cause serious patient harm¹.

It's also one of the most common medicines involved in childhood poisonings; a quarter of poisonings in children reported to NZ Public Health Units during 2006 involved paracetamol. Despite the over-representation of children in poisoning statistics, fatalities are uncommon².

During the period from July 2002 to Sept 2007, 237 reports for acute paracetamol poisonings in the *child exploratory* category were logged at the National Poisons Centre from Waitemata DHB (out of 311 reports for all age groups). Of these child exploratory reports, almost two-thirds related to children aged less than 2 years, and virtually all of them occurred in the home³.

To reduce the chances of accidental overdose, **caregivers should be reminded to store paracetamol preparations well out of reach of children**. It appears the practice of keeping liquid paracetamol formulations in the fridge is commonplace; many local and national initiatives to reduce poisonings have centred on discouraging this unsafe behaviour, with good effect⁴.

The Paediatric Society of NZ promote **paracetamol as the preferred medicine for treating pain/discomfort and/or fever** in children because it has a better safety profile compared to other agents such as ibuprofen⁵. WHO guidelines recommend that **paracetamol should not be used routinely for fever**, instead being reserved for children with a high fever (38.5°C or above)⁶.

However, anecdotal reports suggest that paracetamol is viewed as a general cure-all by many people. **Health professionals should encourage caregivers to avoid unnecessary paracetamol use in children and to reserve it for approved indications only**. Recent evidence from a large

international study shows a dose dependent *association* between paracetamol use in infancy and asthma symptoms in children aged 6-7 years – potentially another reason to limit use⁷.

Health professionals can promote the safe and effective use of paracetamol in many ways:

- Individualise doses so they are safe and therapeutic
- Use volumes of liquid paracetamol that are easy and safe to measure
- Calculate doses using the child's weight rather than using age-based ranges:

Paracetamol dosage for children over 1 month of age⁸

Dose and frequency	15 mg/kg/dose every four hours up to four times a day
Maximum doses	1000mg/dose or 4000mg/day

These doses are for children of normal/average weight; use the *bpac dosage calculator* for obese children⁹

- Ensure caregivers are aware of which strength they are using (120mg/5ml or 250mg/5ml)
- Provide caregivers with written dosing instructions
- Restrict the quantity supplied to 200ml and use 120mg/5ml in children < 5yrs (Paediatric Emergency doctors suggest this approach may reduce poisonings needing hospitalisation).¹⁰

➔ continued

PARACETAMOL

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