

Paracetamol Use

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Summary Policy Directive redefining paracetamol doses advised to avoid hepatotoxicity.

Replaces Doc. No. Paracetamol Use [PD2006_004]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Hospitals

Audience Clinical, nursing, emergency department

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

PARACETAMOL USE

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1. POLICY STATEMENT

1.1 Purpose of the Policy

This policy directive rescinds and replaces PD2006_004 '*Paracetamol Use*'.

The Department has revised PD2006_004 '*Paracetamol Use*'. This policy directive provides guidance for health professionals in the use of paracetamol, and is for distribution to Area and Statewide Health Services and Divisions of General Practice.

It has been prepared in consultation with an expert advisory group, following review of the available literature, as a consensus of therapeutic regimens that promote best practice.

This Policy Directive provides guidance about the judicious, effective and safe use of paracetamol. Departure from the recommendations and the reasons for doing so should be considered and documented for the individual patient.

1.2 MANDATORY REQUIREMENTS

INDICATIONS FOR PARACETAMOL USE

Consider non-pharmacological intervention prior to paracetamol use.

For adults and children, paracetamol is an effective analgesic and antipyretic agent and may be used as first line therapy for:

- mild to moderate pain
- the symptoms of fever, when temperature is above 38.5°C (per axilla). (Such symptoms may include: irritability, lethargy and loss of appetite).

Paracetamol is NOT recommended for use:

- in asymptomatic adults or children with fever,
- in gastroenteritis without fever, or
- as a sedative.

Treating fever with antipyretics has the potential to prolong a viral illness. Antipyretic use does not prevent febrile convulsions.

Paracetamol given to treat symptomatic fever may make the patient feel more comfortable but it will not treat the underlying illness and may not completely normalise temperature.

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Unwell children receiving multiple doses of paracetamol appear to have a smaller margin of safety for paracetamol compared with those receiving occasional, intermittent administration.

Routine use of paracetamol at time of vaccination is unnecessary. Post-immunisation: use paracetamol if indicated by symptoms and temperature.

1.3 Related policies and guidelines

Document	Description
PD2006_004	Paracetamol Use

2. SAFETY OF PARACETAMOL

2.1 Introduction

Paracetamol has a well established safety profile when used appropriately.

In acute overdose, paracetamol can lead to severe and sometimes fatal hepatotoxicity.

2.2 Children

In general, the margin of safety for repeated dosing within the recommended range is wide. However, hepatotoxicity can occur in sick children who receive multiple, supratherapeutic doses of paracetamol. In some cases, multiple doses within the recommended dose range given with therapeutic intent may be toxic.

The early identification of children at risk is critical to reduce the incidence of hepatotoxicity with paracetamol. In patients receiving cumulative multiple doses of paracetamol, time of presentation and delay in treatment with N-acetylcysteine are major contributing factors to outcome.

2.3 Adults

Chronic use of paracetamol in standard recommended doses is well tolerated by adults, e.g. as in the treatment of osteoarthritis.

Severe liver toxicity and death have occasionally been reported in adults and may be due to the dose ingested with possible confounding conditions such as viral infection, glutathione depletion or enzyme induction.

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3. POSSIBLE INFLUENCES ON HEPATOTOXICITY WITH PARACETAMOL

3.1 Introduction

A full medical history, including medication history, should be obtained from the patient, or their representative, before prescribing paracetamol to identify factors with the potential to increase the risk of paracetamol toxicity and to ascertain if paracetamol has been recently ingested.

3.2 Factors that may potentially increase risk of paracetamol toxicity

A number of risk factors may alter the metabolism of paracetamol. In addition, some individuals may be particularly sensitive to paracetamol.

The presence of risk factors does not contraindicate treatment with paracetamol but indicates additional considerations for the management of patients with paracetamol.

Factors that may increase the risk of hepatotoxicity with paracetamol use include:

For infants and children:

- febrile illness,
- younger age,
- prolonged fasting, vomiting or dehydration,
- chronic under nutrition,
- hepatic impairment,
- prior paracetamol intake (e.g. in over the counter (OTC) cough/cold preparations),
- use of adult rather than paediatric formulations or use of paediatric formulations designed for an older age group e.g. siblings.

A **risk profile** for development of hepatotoxicity with paracetamol has been identified as sustained administration of high doses of paracetamol (>90mg/kg/day) [supratherapeutic] to a sick child who is younger than 2 years for more than 24 hours.

Obesity itself is not a 'risk factor'. However, paracetamol does not enter fatty tissue well and overestimation of standard doses of paracetamol using actual weight may represent a relative overdose that may potentially lead to hepatotoxicity with paracetamol.

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For *adults*:

- prolonged fasting or dehydration,
- chronic under nutrition,
- chronic, excessive alcohol use,
- severe hepatic impairment.

These risk factors are largely theoretical and evidence is limited.

For *the elderly*:

Adult doses of paracetamol are recommended for elderly, fit patients. However the metabolism of paracetamol may be reduced in elderly, frail patients since hepatic glutathione is reduced in old age and may be further reduced in the presence of frailty and malnutrition. A dose reduction is therefore recommended in elderly, frail patients.

4. USE OF PARACETAMOL

4.1 Recommended Dose

The appropriate dose of paracetamol depends on the patient's age, weight and general medical condition. Indications for use, route of administration and possible risk factors for hepatotoxicity are contained in Table 1.

4.2 Use of paracetamol with Non-Steroidal Anti-inflammatory Drugs (NSAIDs)

Paracetamol may be used for the treatment of mild to moderate pain alone, or in combination with NSAIDs, including ibuprofen.

Paracetamol is recommended as first line therapy for the treatment of symptomatic fever $>38.5^{\circ}\text{C}$. The use of paracetamol and NSAIDs, such as ibuprofen, in combination or as an alternating regimen is not recommended in children with fever.

4.3 Estimating 'ideal weight' for dose calculation purposes

Recommended doses apply only to patients of normal or average build where their actual weight is a reasonable estimate of their lean body weight. In every case the adult maximum dose of 4g daily should not be exceeded.

Children

The recommended dose in an obese child is based on lean body weight relative to the age and height of the child. The 'ideal weight' for dose calculation purposes for

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a child may be approximated using growth charts which are widely available in health care facilities and can be accessed at <http://www.cdc.gov/growthcharts/>.

- If age and height are known, a height growth chart will indicate the percentile at which to read the weight from a weight growth chart.
- If only age is known, reading from the 50th percentile on a weight growth chart is a practical and expedient method for weight estimation.

For underweight, malnourished or inactive children recommended dose is based on actual bodyweight whilst taking into consideration general nutritional status and precautions as discussed under risk factors in Section 3.

TABLE 1. RECOMMENDED DOSE FOR PARACETAMOL		
ADULTS AND CHILDREN OVER 12 YEARS		
Oral	0.5 – 1g every 4 to 6 hours, up to a maximum of 4g in 24 hours.	<ul style="list-style-type: none"> • For chronic pain, review as necessary. • For acute pain and symptomatic fever > 38.5°C, review at 48 hours. • Consider lowering dose in those with risk factors for hepatotoxicity (Section 3).
Rectal	0.5 – 1g every 6 hours, up to a maximum of 4g in 24 hours	<ul style="list-style-type: none"> • Only use when oral dosing not possible. Substitute oral paracetamol at the earliest opportunity. • Do not cut suppositories. Calculate dose to nearest suppository strength. • Do not use in immunocompromised or those with coagulopathy. • Review at 48 hours. • Consider lowering dose in those with risk factors for hepatotoxicity (Section 3).
Intravenous infusion	1g every 4 to 6 hours, up to a maximum of 4g in 24 hours	<ul style="list-style-type: none"> • Perfalgan® (IV paracetamol) may be used for acute, short term treatment of mild to moderate pain when oral or rectal dosing is not possible. Oral or rectal paracetamol should be substituted at the earliest opportunity. • Review at 24 hours. • Do not use if paracetamol was administered in any form (including loading dose) in preceding 6 hours. • After IV administration of paracetamol, a 6 hour dosing interval is required before further administration of paracetamol by any other route. • Perfalgan® (IV paracetamol) is NOT recommended for the treatment of fever. <p>Consider lowering dose in those with risk factors for hepatotoxicity (Section 3).</p>
<p>These dosages are generally well tolerated. However, hepatotoxicity can arise in adult patients with extremely low body weight or if other risk factors are present (Section 3). For frail, older patients and adults <50kg with eating disorders or chronic disease, paracetamol dose should be adjusted for weight, 15mg/kg/dose every 4 to 6 hours up to four times daily.</p>		
<p>Refer to specialist centres for administration of stat or loading doses of paracetamol. Any paracetamol given in the 24 hours preceding a stat dose must be included in total 24 hour calculation. Dosing subsequent to the stat dose must include the stat dose in the total 24 hour calculation.</p>		

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NEONATES AND INFANTS LESS THAN 3 MONTHS		
<p>Babies <3 months and neonates require careful medical review and treatment with paracetamol requires specialist management.</p> <p>The pharmacokinetics of paracetamol in neonates will be influenced by weight, gestational age and a number of other factors.</p>		
INFANTS AND CHILDREN 3 MONTHS TO 11 YEARS		
For analgesia		
Oral	15mg/kg/dose* 4 to 6 hourly, up to a maximum of 60 – 90mg/kg/day. Never exceed 4g in 24 hours.	<ul style="list-style-type: none"> The lower maximum (60mg/kg/day) is recommended for children with risk factors for hepatotoxicity (Section 3), younger infants (e.g. <6 months) and children treated in a community setting. Review at 48 hours. Consider reducing dose if continued treatment necessary.
Rectal	20mg/kg/dose* 6 hourly, up to a maximum of 90mg/kg/day. Never exceed 4g in 24 hours.	<ul style="list-style-type: none"> Consider lowering dose in children with risk factors for hepatotoxicity (section 3), younger infants (e.g. <6 months) and children treated in a community setting. Only use when oral dosing not possible. Substitute oral paracetamol at the earliest opportunity. Do not cut suppositories. Calculate dose to nearest suppository strength. Do not use in immunocompromised child or those with coagulopathy. Review at 48 hours. Consider reducing dose if continued treatment necessary.
Intravenous infusion	15mg/kg/dose* every 6 hours up to a maximum of 60mg/kg/day. Never exceed 1g per dose and 4g in 24 hours.	<ul style="list-style-type: none"> Perfalgan® (IV paracetamol) may be used for acute, short term treatment of mild to moderate pain when oral or rectal dosing is not possible. Oral or rectal paracetamol should be substituted at the earliest opportunity. Review at 24 hours. Consider lowering dose in children with risk factors for hepatotoxicity (Section 3). Only use in children <6 months and/or <5kg with specialist review. Do not use if paracetamol was administered in any form (including loading dose) in preceding 6 hrs. After IV administration of paracetamol, a 6 hour dosing interval is required before further administration of paracetamol by any other route.
For symptomatic fever >38.5°C		
Oral or rectal	15mg/kg/dose* every 6 hours, up to 60mg/kg/day. Never exceed 4g in 24 hours.	<ul style="list-style-type: none"> If pain and fever are both present, the lower dose recommended for fever should be used. Review at 48 hours. Perfalgan® (IV paracetamol) is NOT recommended for the treatment of fever.
<p>*Recommended dose is based on ‘ideal weight’ relative to age and height of child (Section 4.3).</p>		

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5. DRUG INTERACTIONS

5.1 Introduction

A number of drugs have the potential to interact with paracetamol. When used in recommended, therapeutic doses the clinical significance of these interactions is minimal and, with the exception of warfarin, not enough to alter the course of treatment.

Warfarin

Anticoagulation with warfarin is slightly potentiated by the chronic ingestion of paracetamol. Nevertheless, paracetamol is still the preferred treatment in patients taking warfarin who require mild to moderate analgesia. The warfarin dose should be reduced, if necessary, according to INR values in patients likely to require chronic therapy with paracetamol for more than two weeks.

6. PARACETAMOL TREATMENT PROTOCOLS

6.1 Hospital inpatient protocols

To reduce potential for adverse events the following information should be included on all prescriptions for paracetamol:

- Name and age of patient,
- Weight for children, frail elderly patients and adults <50kg with eating disorders or chronic disease,
- Indication for paracetamol use e.g. pain/symptomatic high fever etc.,
- Dose of paracetamol (total dose in mg),
(For children, frail elderly patients and adults <50kg with eating disorders or chronic disease, qualify dose in mg/kg/day).
- Dose frequency,
- Route of administration (specify single route i.e. oral or rectal, NOT both),
- Maximum daily dose (maximum number of doses/day), and
(For children, frail elderly patients and adults <50kg with eating disorders or chronic disease, this should be expressed as total daily dose in mg and mg/kg/dose).
- Maximum duration of therapy.

Dose must be appropriate for the indication, risk factors, route of administration, age and 'ideal weight' (Section 4.3).

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Route of administration

Oral paracetamol is recommended wherever possible. Rectal paracetamol is effective and indicated when oral dosing is not possible. However, absorption of paracetamol given rectally is erratic and the time taken to achieve maximum concentration is not predictable. The bioavailability of rectal paracetamol compared with oral forms is approximately 78%. Therefore, oral dosing should be resumed as soon as possible.

Perfalgan® (intravenous (IV) paracetamol) may be used for acute, short term treatment of mild to moderate pain when administration of paracetamol via the oral or rectal route is not possible. IV paracetamol is NOT recommended for the treatment of fever. Use of IV paracetamol is preferably managed by senior clinicians in anaesthesia, intensive care and pain management. Administration of IV paracetamol in children <6 months and/or <5kg is not recommended for routine use but may be appropriate with specialist review.

Enteral (oral [preferred] or rectal) paracetamol should be substituted for IV paracetamol as soon as clinically appropriate. When IV paracetamol is replaced by enteral paracetamol, the maximum dose for the 24 hour period from state of IV administration is 60mg/kg/day to a maximum 4g/day.

IV paracetamol is administered as an infusion. The additional volume of fluid must be considered in fluid restricted patients.

The route of administration must be clearly specified on the prescription. A prescription written for both oral and rectal administration is NOT acceptable.

Hospitals should use only one concentration of liquid paracetamol. Each dose should be expressed in milligrams (mg) or grams (g) per dose.

The form of paracetamol, e.g. oral liquid, must be stated.

Prescriptions for IV paracetamol should be written as 'IV paracetamol' and 'Perfalgan®' to emphasise route of administration and intended formulation.

Ongoing patient Review

Paracetamol prescriptions require regular review by the prescriber to ensure treatment continues to be appropriate for the needs of the patient bearing in mind the potential for hepatotoxicity.

- *Children and adults* receiving oral and rectal paracetamol for acute pain or symptomatic high fever: Review regularly and no later than 48 hours after commencement of paracetamol and at least 24 hourly thereafter.
- *Adults* receiving paracetamol for chronic pain: Review as necessary.

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- *Children and adults* receiving IV paracetamol: Review regularly and no later than 24 hours after commencement of paracetamol.

Avoiding the use of multiple paracetamol containing preparations

Hospital personnel should be educated about the availability of multiple paracetamol containing preparations in the community (Attachment 2). Drug and Therapeutics Committees should limit the number of preparations available in the hospital.

Paracetamol should be written in only one section of the medication chart. Prescribing in both the regular and 'prn' areas of the chart may potentially lead to overdose. If paracetamol is intentionally written in two sections of the chart, connecting the two entries with a comment will increase clarity.

Prescriptions should use generic product names. Where a brand name is used on the prescription, the generic term 'paracetamol' or 'contains paracetamol' should be written adjacent to the brand name.

Nursing protocols

Protocols for nursing initiated medication must incorporate guidelines on the use of paracetamol to allow nursing staff to make informed decisions about when to give and not give paracetamol.

Nursing staff must consult with the medication chart **PRIOR** to administration of paracetamol and ensure that paracetamol is not administered before the next dose is due. Signing the chart at each dose administration is mandatory.

Paracetamol for self-administration in hospital must be ordered by the prescriber on the patient's medication chart.

6.2 Medical discharge and transfer summaries

Hospital staff are reminded of the need to expeditiously and accurately complete transfer and discharge summaries.

Rigorous recording of paracetamol doses administered peri-operatively and post-operatively in theatre and recovery is essential. Wherever possible, all prescriptions should be written on a single medication chart that accompanies the patient in all areas of the hospital. Continuing therapy must take into account paracetamol already received, including medication taken prior to admission.

At the time of discharge, specific information regarding paracetamol administration should be provided to patients and their parents or carers, including:

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- indication for the use of paracetamol,
- strength of the paracetamol preparation dispensed or recommended,
- dose in milligrams (and millilitres for liquid preparations with appropriate strength indicated),
- route of administration,
- frequency of administration,
- maximum daily dose, and
- maximum duration of use, which is particularly important to emphasise in the case of children since some may be at risk of toxicity with chronic dosing.

It is also important for the patient to understand their discharge medication contains paracetamol and that many over-the-counter products recommended for cold, cough, headache etc. also contain paracetamol and should not be taken concurrently.

7. PARACETAMOL HEPATOTOXICITY DUE TO ACUTE OVERDOSE

If advice is required for the management of acute poisoning with paracetamol contact the Poisons Information Centre on 13 11 26.

In acute overdose, adults are more susceptible than children to hepatic toxicity with paracetamol.

It is important for clinicians to promptly identify patients at risk of developing hepatotoxicity with paracetamol poisoning. The prognosis for recovery is good with early recognition and treatment.

For guidelines on the management of acute overdose with paracetamol, refer to the recently published consensus statement from clinical toxicologists in Australasia, which includes the current paracetamol treatment nomogram for Australasia. Available from <http://www.health.nsw.gov.au/quality/sabs/index.html> as NSW Health Safety Information Sheet: SI: 001/08 (4 June 2008): *Guidelines for the management of paracetamol overdose*.

If clinicians have any doubt about the diagnosis of hepatotoxicity or interpretation of hepatic transaminase levels and INR results, they must seek prompt toxicology advice from the Poisons Information Centre on 13 11 26.

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8. List of attachments

Attachment	Description
1.	Expert Advisory Group
2.	Commonly Available Paracetamol Containing Preparations In NSW 2008

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ATTACHMENT 1

EXPERT ADVISORY GROUP

This Policy Directive is based on the New South Wales Therapeutic Advisory Group 'Paracetamol Use' Position Statement (<http://www.ciap.health.nsw.gov.au/nswtag/>).

This Position Statement was prepared by NSW TAG with an expert advisory group consisting of:

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ATTACHMENT 2

COMMONLY AVAILABLE PREPARATIONS CONTAINING PARACETAMOL IN NSW

An extensive range of paracetamol containing preparations is available in NSW. The analgesic/antipyretic market frequently changes with the introduction of new products and re-branding of existing products. In addition, travelling Australians, visitors and residents from overseas may possess a variety of other paracetamol containing preparations from across the world. Hence, this list of products does not describe every paracetamol containing preparation a patient may use, but does highlight the importance of history taking, nursing protocols and community education to avoid inadvertent paracetamol overdose.

Products containing paracetamol alone include:

Oral, solid dose forms

Chemists' Own Paracetamol 500mg Tablets
Chemists' Own Paracetamol Capsules
Children's Panadol Chewable Tablets (GlaxoSmithKline Consumer)
Dymadon Tablets (Johnson & Johnson)
Dymadon Capsule Shaped Tablets (Johnson & Johnson)
Dymadon P Tablets (Johnson & Johnson)
Febridol Clear Effervescent Soluble Tablets (Genepharm)
Febridol Tablets (Genepharm)
Gold Cross Paracetamol Tablets (Biotech)
Herron Paracetamol Capsules (Herron)
Herron Paracetamol Tablets (Herron)
Herron Paracetamol Tabsules (Herron)
Lemsip Max Powder (Reckitt Benckiser)
Lemsip Original Lemon Powder (Reckitt Benckiser)
Panadol Caplets (GlaxoSmithKline Consumer)
Panadol Cold & Flu Sachets
Panadol Gel Caps (GlaxoSmithKline Consumer)
Panadol Mini Caps Tablets (GlaxoSmithKline Consumer)
Panadol Rapid Tablets (GlaxoSmithKline Consumer)
Panadol Rapid Soluble Tablets (GlaxoSmithKline Consumer)
Panadol Tablets (GlaxoSmithKline Consumer)
Panamax Tablets (sanofi-aventis)

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Paracetamol 7+ Years Soluble Tablets (GlaxoSmithKline Consumer)

Paracetamol Soluble Tablets (Cipla GenPharm)

Parahexal Tablets (Hexal)

Paralgin Tablets (Fawns & McAllan)

Parmol Tablets (Arrow)

Controlled release formulations:

Duatrol SR Modified Release Tablets (Menley & James)

Panadol Extend Tablets (GlaxoSmithKline Consumer)

Panadol Osteo Modified Release Tablets (GlaxoSmithKline Consumer)

Oral - liquid dose forms

Benylin Sore Throat (Johnson & Johnson)

Chemists' Own Children's Paracetamol Suspension 1-5

Chemists' Own Children's Paracetamol Suspension 5-12

Chemists' Own Paracetamol Pain & Fever Drops

Children's Panadol 1 Month - 2 Years Colourfree Baby Drops (GlaxoSmithKline Consumer)

Children's Panadol 1 Month - 2 Years Colourfree Easy Dose Baby Drops (GlaxoSmithKline Consumer)

Children's Panadol 1 Month - 2 Years Original Easy Dose Baby Drops (GlaxoSmithKline Consumer)

Children's Panadol 1 - 5 Years Elixir (GlaxoSmithKline Consumer)

Children's Panadol 1 - 5 Years Colourfree Suspension (GlaxoSmithKline Consumer)

Children's Panadol 5 - 12 Years Elixir (GlaxoSmithKline Consumer)

Children's Panadol 5 – 12 Years Colourfree Suspension (GlaxoSmithKline Consumer)

Dymadon Drops 2 Months to 2 Years (Johnson & Johnson)

Dymadon Suspension 1 to 4 Years (Johnson & Johnson)

Dymadon Suspension 1 to 4 Years (Colour Free) (Johnson & Johnson)

Dymadon Suspension 5 Years Plus (Johnson & Johnson)

Dymadon Suspension 5 Years Plus (Colour Free) (Johnson & Johnson)

Febridol Infant Drops (Genepharma)

Panamax Elixir (sanofi-aventis)

Panamax 240 Elixir (sanofi-aventis)

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Suppositories

Children's Panadol 6 Months - 5 Years Suppositories (GlaxoSmithKline Consumer)

Children's Panadol 5 - 12 Years Suppositories (GlaxoSmithKline Consumer)

Panadol Children 10 -12 Years + Adult Suppositories (GlaxoSmithKline Consumer)

Intravenous injection

Perfalgan (Bristol Myers Squibb)

Combination products containing paracetamol include:

Oral - solid dose forms

Paracetamol with codeine phosphate

Chemist's Own Dolaforte Tablets

Chemists' Own Pain Tablets

Chemists' Own Pain Tabsules

Codalgin Tablets (Fawns & McAllan)

Codalgin Forte Tablets (Fawns & McAllan)

Codapane Tablets (Alphapharm)

Codapane Forte Tablets (Alphapharm)

Codral Pain Relief Tablets (Johnson & Johnson)

Comfarol Forte (sanofi-aventis)

Dymadon Co Tablets (Johnson & Johnson)

Dymadon Forte (GlaxoSmithKline Consumer)

Mersyndol Daystrength Caplets (Aventis Pharma)

Panadeine Caplets (GlaxoSmithKline Consumer)

Panadeine-15 Caplets (GlaxoSmithKline Consumer)

Panadeine Forte Tablets (sanofi-aventis)

Panadeine Rapid Soluble Tablets (GlaxoSmithKline Consumer)

Panadeine Tablets (GlaxoSmithKline Consumer)

Panamax Co Tablets (sanofi-aventis)

Prodeine 15 Tablets (sanofi-aventis)

Prodeine Forte Tablets (Dakota)

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Paracetamol with dextropropoxyphene

Capadex Capsules (Fawns & McAllan)

Di-Gesic Tablets (Aspen Pharmacare)

Paradex Tablets (Aspen Pharmacare)

Paracetamol with codeine phosphate and doxylamine succinate

Chemists' Own Dolased Analgesic-Calmative Tablets

Chemists' Own Dolased Day/Night Pain Relief Tablets

Codalgin Plus Tablets (Sigma)

Fiorinal Tablets (Novartis Consumer)

Fiorinal Capsules (Novartis Consumer)

Fiorinal - Dental Capsules (Novartis Consumer)

Mersyndol Caplets (sanofi-aventis)

Mersyndol Tablets (sanofi-aventis)

Mersyndol Forte Tablets (sanofi-aventis)

Panalgesic Capsules (sanofi-aventis)

Paracetamol in combination with other actives

Anagrain (Aspen Pharmacare)

Anagrain S3 (Aspen Pharmacare)

Chemist's Own Cold & Flu Day/Night Tablets

Chemist's Own Cold & Flu Relief Tablets

Chemist's Own Coldeze Tablets

Chemist's Own Hayfever Sinus Relief Tablets

Chemist's Own Sinus-Pain Relief Tablets

Codral Cold and Flu Tablets (Johnson & Johnson)

Codral Nighttime Tablets (Johnson & Johnson)

Codral PE Day & Night Tablets (Johnson & Johnson)

Codral Cold & Flu +Cough Capsules (Johnson & Johnson)

Demazin Cold & Flu Tablets (Schering-Plough)

Demazin Cough, Cold & Flu Tablets (Schering-Plough)

Demazin Day & Night Cold & Flu Tablets (Schering-Plough)

Dimetapp Cold, Cough and Flu Day & Night Liquid Capsules (Wyeth Consumer Healthcare)

Lemsip Pharmacy Flu Strength Daytime (Reckitt Benckiser)

Lemsip Pharmacy Flu Strength Nighttime (Reckitt Benckiser)

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Logicin Flu Strength Day & Night Tablets (Sigma)

Norgesic Tablets (iNova)

Panadol Allergy Sinus Tablets (GlaxoSmithKline Consumer)

Panadol Cold & Flu Tablets (GlaxoSmithKline Consumer)

Panadol Sinus Tablets (GlaxoSmithKline Consumer)

Panadol Sinus Day/Night Tablets (GlaxoSmithKline Consumer)

Parke Davis Day and Night Original Cold & Flu & Cough Capsules (Johnson & Johnson)

Sinutab Sinus & Pain Relief Tablets (Johnson & Johnson)

Sinutab Sinus, Allergy & Pain Relief Tablets (Johnson & Johnson)

Sudafed Sinus + Allergy & Pain Relief Tablets (Johnson & Johnson)

Sudafed Sinus Day + Night Relief Tablets (Johnson & Johnson)

Sudafed Sinus + Pain Relief Tablets (Johnson & Johnson)

Sudafed PE Sinus + Allergy & Pain Relief Tablets (Johnson & Johnson)

Sudafed PE Sinus + Pain Relief Tablets (Johnson & Johnson)

Sudafed PE Sinus Day + Night Tablets (Johnson & Johnson)

Oral, liquid dose forms

Children's Panadol Cold Relief Elixir (GlaxoSmithKline Consumer)

Painstop Day-Time Pain Reliever Syrup (Paedpharm)

Painstop Night-Time Pain Reliever Syrup (Paedpharm)

Pharma-col Junior Suspension (Johnson & Johnson)

DISCLAIMER

Every effort has been made to ensure these products are accurately described according to the information available in November 2008.

However, the NSW Department of Health and NSWTAG are not responsible for any errors, inaccuracies or currency of this information.