

## Issue date

10 November 2023

## Distributed to:

Chief Executives  
Directors of Clinical Governance  
Director, Regulation and Compliance Unit

## Action required by:

Chief Executives  
Directors of Clinical Governance

## We recommend you also inform:

Directors, Managers and Staff of:

- Critical Care
- Emergency
- Pain Services
- Surgical
- Aged Care
- Stroke/Neurology
- Pharmacy

Drug and Therapeutics Committees

Other relevant clinicians, departments and committees.

## Expert Reference Group

## Content reviewed by:

Medicines Shortage Assessment and Management Team  
Medication Safety Expert Advisory Committee

## Clinical Excellence Commission

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## Review date

November 2024

## Disruption to supply – Intravenous (IV) paracetamol solution for injection/infusion

### Situation

There is a current disruption to the supply of multiple brands of intravenous (IV) paracetamol solution for injection/infusion products until mid-December 2023 due to unexpected increases in consumer demand.

### Background

IV Paracetamol is a non-opioid analgesic and antipyretic agent that is indicated in the relief of mild to moderate pain and the reduction of fever when oral/rectal administration is not feasible or deemed inappropriate.

### Assessment

There is a complete disruption to the supply of IV paracetamol (Kabi) 1000mg/100 mL solution for injection due to unexpected increases in consumer demand. There is minimal stock remaining of alternative brands/strengths, which is being controlled by manufacturers under constrained supply. It is expected all remaining stock of IV paracetamol solution for injection/infusion products will be depleted by the end of November. Oral and rectal paracetamol products remain unaffected.

There are currently no confirmed IV paracetamol solution for injection/infusion alternatives available via the Therapeutic Goods Administration Special Access Scheme (SAS). HealthShare NSW have advised they are currently investigating potential alternative agents that may be available with regular SAS suppliers.

### Recommendations

To effectively manage the disruption to the supply of IV paracetamol solution for injection/infusion stock, it is recommended that:

- Remaining stock of IV paracetamol solution for injection/infusion is to be reserved for the patients who are **unable** to utilise alternative paracetamol preparations.
- Patients currently on IV paracetamol are to be assessed and de-escalated to alternative paracetamol preparations (for example, tablets, oral liquid, or suppositories) as appropriate and as soon as clinically feasible.
- A facility-wide review of stock holding should be conducted, ensuring all locations of stock are identified. All excess stock is to be retrieved from wards and clinics.
- Facilities should consider removing supplies from imprest in clinical areas and individually dispensing IV paracetamol during the disruption to supply period.
- If alternative brands/strengths of IV paracetamol are utilised, facilities must exercise caution in managing multiple products with differing packaging and remain vigilant about potential 'look-alike' errors with the available product(s).
- Clinicians should consider the use of alternative analgesic agents where appropriate. This may include the use of non-steroidal anti-inflammatory drugs (NSAIDs) or other suitable pain relief options. Contact your local Acute Pain Specialist team for appropriate alternatives and duration of therapy.
- Changes to patient treatment plans when IV paracetamol is not available and alternative therapy is required should be documented in the patient's medical record and handed over appropriately especially at transitions of care.
- Ensure back orders based on average usage are placed with preferred wholesalers to ensure adequate distribution of stock when it becomes available.

In accordance with NSW Health Policy Directive [High-Risk Medicines Management](#) PD2020\_45:

- IV paracetamol medication orders should be reviewed every 24 hours
- Local Drug and Therapeutic Committees should review any local protocols and ensure the inclusion of any restrictions to limit use of intravenous paracetamol, for example, only to be used where patients are nil by mouth, or only to be prescribed by clinicians in anaesthesia, intensive care and pain management.

#### Required actions for the Local Health Districts/Networks

1. Distribute this Safety Notice to all relevant clinicians and clinical departments where IV paracetamol is held, prescribed, and/or administered, and include this Safety Notice in relevant handovers and safety huddles.
2. Undertake a local risk assessment and incorporate the above recommendations to manage the disruption of supply of IV paracetamol.
3. Ensure a system is in place to document actions taken in response to this Safety Notice.
4. Confirm receipt and distribution of this Safety Notice within **72 hours** to:  
[CEC-MedicationSafety@health.nsw.gov.au](mailto:CEC-MedicationSafety@health.nsw.gov.au)

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