

Pre-operative Paracetamol Administration

1. Introduction

For patients seen in the Anaesthesia Perioperative Clinic pre-emptive oral analgesia is routinely prescribed and administered pre-operatively in the theatre Holding Bay. For those not reviewed directly by an anaesthetist, this opportunity is lost.

This document outlines the requirements for the safe administration of pre-operative paracetamol at (hospital) sites in order to improve patient well-being in the Holding Bay, and to reduce intravenous paracetamol administration, with both time and cost savings.

2. Terminology

NIMC	National Inpatient Medication Chart (NIMC), MR 828
Paracetamol	Paracetamol is an analgesic and antipyretic with a well-established safety profile and is given to the vast majority of surgical patients. ¹

3. Policy

3.1. Inclusion Criteria

- All adult (>16 years of age) elective or emergency surgery patients and not meeting exclusion criteria

3.2. Exclusion Criteria

- Patient has received any paracetamol in the previous 6 hours (including combinations with codeine/ Non Steroid Anti-inflammatory Drugs (NSAIDs) or longacting formulations) e.g. “Panadeine Forte[®]”, “Mersyndol[®]”, “Panadol Osteo[®]”, “Nuromol[®]” etc.
- Paracetamol allergy
- Chronic liver disease
- Hepatitis A,B,C
- Patient weight <50Kg
- Nausea and/or vomiting
- Nasogastric/ nasojejunal/ PEG tube in-situ

Pre-operative Paracetamol administration

3.3. Administration

- Dosage: Paracetamol 1g orally, taken with up to 50mLs of water
- This will occur **immediately following the** review of preoperative check list by Holding Bay nursing staff member.
-

3.4. Documentation

The following MUST be documented on the ‘Once Only, Pre-Medication and Nurse/ Midwife Initiated Medicines’ section of the NIMC (front page):

- Date and Time of Dose
- Medication (Generic name)
- Dose
- Route of administration
- Print name
- Signature
- Initial in the column “Given By”
- Time Given

4. Compliance/Performance Monitoring

Staff within the Department of Anaesthesia will be responsible for monitoring compliance with this policy. Compliance will be monitored via routine clinical incident review processes.

5. Related Standards

NSQHS Standards:

- Medication Safety
- Comprehensive Care

7. References

1. Beverly A, Kaye AD, Ljungqvist O, Urman RD. Essential elements of multimodal analgesia in enhanced recovery after surgery (ERAS) guidelines. *Anesthesiology Clinics*, 2017-06-01, Volume 35, Issue 2, Pages e115-e143
2. Doleman B, Read D, Lund JN, et al: Preventive acetaminophen reduces postoperative opioid consumption, vomiting, and pain scores after surgery: systematic review and meta-analysis. *Reg Anesth Pain Med* 2015; 40: pp. 706-712