

Medicines Optimisation Position Statement

Position Statement	Primary Care prescribing guidelines for oral paracetamol in adults at risk of hepatotoxicity including low body weight
Position Statement number	010
Approved by Medicines Optimisation Group:	September 2022
Date of issue:	September 2022
Date of last review:	N/A
Date of planned review	September 2023

Background

In February 2022, the Healthcare Safety Investigation Branch (HSIB) published a report: [Unintentional paracetamol overdose in adult inpatients with low bodyweight](#)

In response to the HSIB report above and in the absence of national recommended oral doses, the [British Hepatology Pharmacy Group](#) issued a [position statement](#) with recommended oral paracetamol dosing for patients with risk factors for hepatotoxicity including low body weight.

To support the safe prescribing of oral paracetamol in adults at risk of hepatotoxicity including low body weight, NHS Frimley is adopting the weight-adjusted prescribing guidelines by the British Hepatology Group below;

	Weight* ≤40kg	Weight* 41kg to 49kg	Weight* > 50kg
Oral dosing (PO)	500mg four times a day	500mg-1g three times a day	500mg-1g four times a day
Maximum daily dose	2 g	3g	4g

*dry weight should be used.

If over 50kg (dry weight), 1g QDS PO is safe for short periods (≤ 7 days). If needed regularly long-term (> 7 days), reduce dose.

Irrespective of weight where the patients eGFR is less than 30ml/min/1.73m², the interval between dosing must be a minimum of 6 hours.

Risk factors for hepatotoxicity with paracetamol

- Dry body weight under 50kg
- Elderly/frail
- Renal insufficiency
- Decompensated liver disease
- Chronic malnutrition
- Chronic dehydration
- Cachexia
- Chronic alcohol consumption or regular consumption of alcohol in excess of recommended amounts
- Long-term treatment with liver enzyme-inducing drugs e.g. carbamazepine, phenytoin, primidone, rifampicin, phenobarbital, St John's Wort or other drugs that induce liver enzymes

If a patient has a low body weight, increased age and/or frailty, the risks and benefits of oral paracetamol should be regularly reviewed.

If a patient is prescribed a lower dose, they and/or their carer should be informed of the reasons why and advised accordingly, including purchase of paracetamol containing OTC medicines.