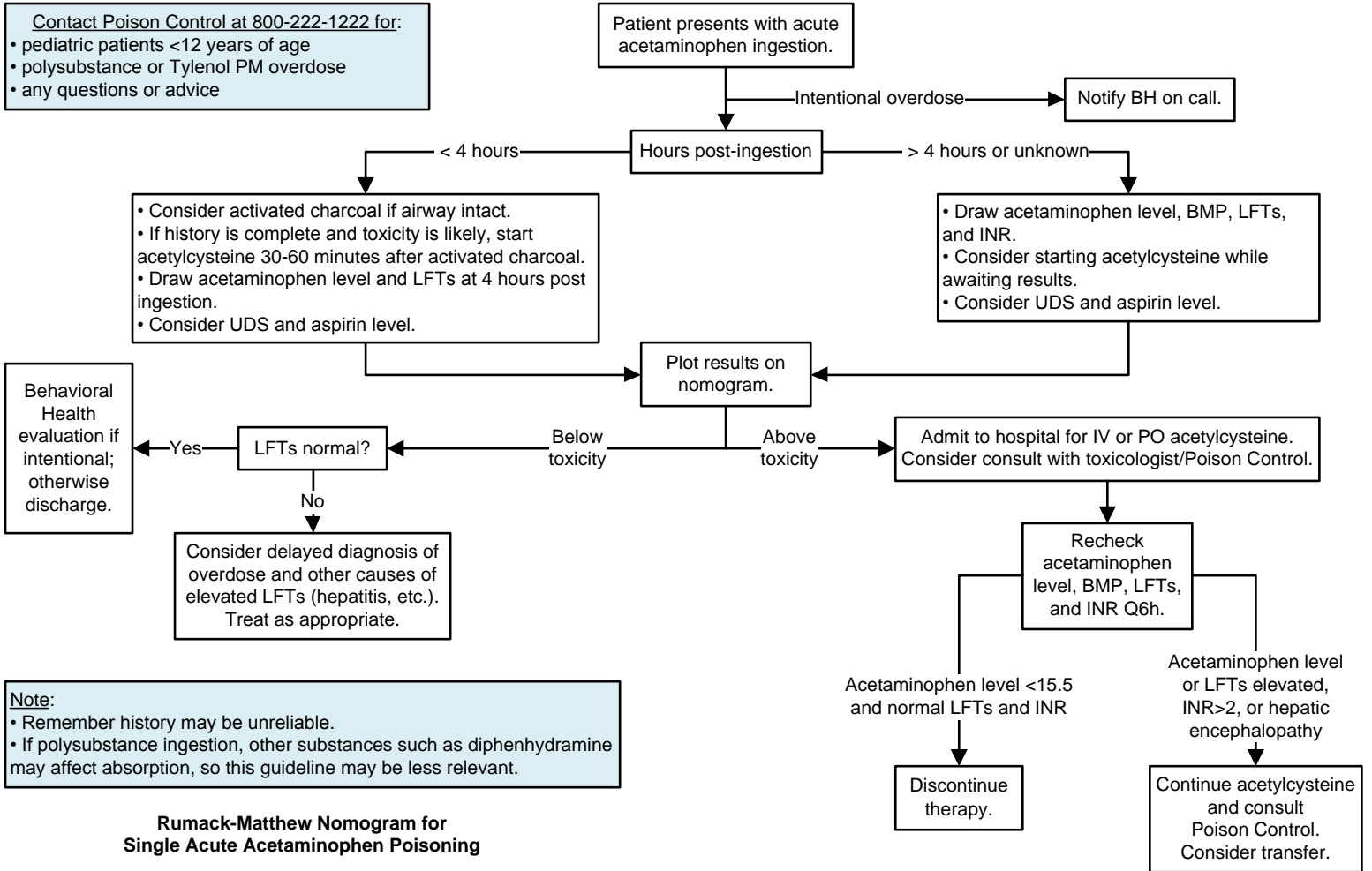




Contact Poison Control at 800-222-1222 for:

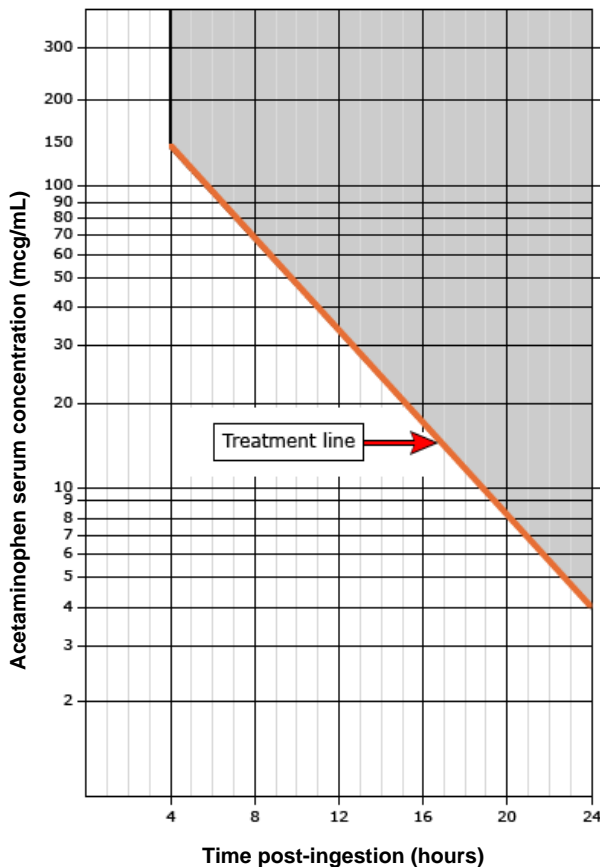
- pediatric patients <12 years of age
- polysubstance or Tylenol PM overdose
- any questions or advice



**Note:**

- Remember history may be unreliable.
- If polysubstance ingestion, other substances such as diphenhydramine may affect absorption, so this guideline may be less relevant.

**Rumack-Matthew Nomogram for Single Acute Acetaminophen Poisoning**



**Village Management**

- If patient in village and toxicity is at all possible, start treatment with oral acetylcysteine and draw blood at 4 hours post ingestion. Instruct health aide to draw 2 mL (minimum 200 microliters) in a gold/SST or green top tube.
- Consider activated charcoal.
- Transport patient and blood work to Bethel on next available commercial flight, if stable.

**Acetylcysteine Administration Protocols**

- IV 21 Hour Protocol:** Dose is 150 mg/kg (max 15 grams) over 60 minutes immediately followed by 50 mg/kg (max 5 grams) over 4 hours immediately followed by 100 mg/kg (max 10 grams) over 16 hours. Dilute with D5W or 1/2 NS. See website <http://acetadote.com/dosecalc.php> for details on dose and dilution, especially in children under 40 kg.
- PO 72 Hour Protocol:** Dilute with strongly-flavored juice or soda. Mix one part medication with three parts juice/soda. Loading dose is 140 mg/kg. Maintenance dose of 70 mg/kg Q4h for up to 72 hours. The villages carry vials of inhalation/oral solution that is 200 mg/mL in 30 mL vials.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.  
Approved by MSEC 2/5/20.  
If comments about this guideline, please contact [Leslie\\_Herrmann@ykhc.org](mailto:Leslie_Herrmann@ykhc.org).