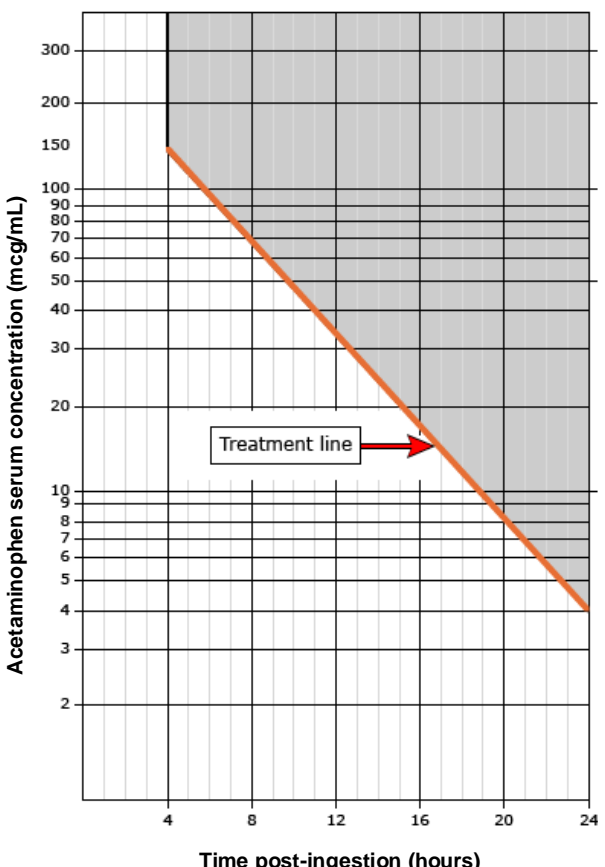


Note:

- 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 <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. See [this resource](#) for details on dosing, including diluent and dosing volumes for weight.

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. Minor changes 4/8/21.
 Click [here](#) to see the supplemental resources for this guideline.
 If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.