



ALT = alanine aminotransferase

NB1: If the patient has taken multiple staggered doses of immediate-release paracetamol, see Table 11.28 in eTG complete.

NB2: If the patient is a child younger than 6 years who has ingested liquid paracetamol, see Paracetamol poisoning: liquid formulations in a child younger than 6 years in eTG complete.

NB3: If the patient has taken a mixture of immediate-release and modified-release paracetamol tablets, treat as for Modified-release paracetamol poisoning in eTG complete.

NB4: If the serum paracetamol concentration is not available within 8 hours of ingestion, treat as for 'Time since ingestion: 8 to 24 hours'.

NB5: If the serum paracetamol concentration is higher than 100 mg/L (660 micromol/L), seek advice from a clinical toxicologist.

NB6: Patients with significant acute liver injury have a high or rapidly rising serum ALT concentration. Small fluctuations in ALT (eg 20 U/L or 10%) are common and do not on their own indicate the need for ongoing acetylcysteine therapy.