



Prescribing of Intravenous (I.V) Paracetamol Procedure

Procedure Number
WCDHBP-0128

Version Nos:
2

1. Purpose

This Procedure outlines the process to be followed to ensure that the prescribing of I.V Paracetamol is within a manner that is consistent with the views of the West Coast District Health Board (WCDHB) Continuous Quality Improvement (CQIT) Committee and that restricts the budgetary expense of the medication.

2. Application

This Procedure is to be followed by all clinical staff through out the WCDHB.

3. Definitions

For the purposes of this Procedure:

Prescribing medications is the responsibility of the Doctor;

Dispensing medications is the role of the Pharmacist;

Administration of medications is undertaken by nurses.

4. Staff Authorised To Perform Procedure

This Procedure shall be performed by a:

- i. Consultant Anaesthetist's
- ii. Registered Medical practitioners on the recommendation of the consultant Anaesthetist.

5. Resources Required

This Procedure requires:

- i. I.V Paracetamol
- ii. Laminated wall document titled "Prescribing restrictions of IV Paracetamol"

6. Process

- 1.00 I.V Paracetamol is to be prescribed **only** on the authority of a consultant anaesthetist.
- 1.01 The name of the authorizing anaesthetist must be documented in the patient's clinical notes.
- 1.02 I.V Paracetamol may only be used in cases where the use of oral/rectal/enteral Paracetamol cannot be used. The reason for use must be documented in the patient's clinical notes.
- 1.03 I.V Paracetamol must be prescribed for regular use only and solely via the I.V route.
- 1.04 Combination prescribing with po/pr/iv is **not** permitted.
- 1.05 I.V Paracetamol must be reviewed **every 24 hours** and documented in the patient's clinical notes as having been reviewed.



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- 1.06 As soon as possible I.V Paracetamol should be discontinued.
- 1.07 I.V Paracetamol is NOT a replacement for oral, rectal or suspension forms of Paracetamol.

7. Precautions And Considerations

- As with all dosage forms of Paracetamol, consideration should be given to patients with severe liver disease.

8. References

Code of Health and Disability Services Consumers' Rights (1995)
 Health Practitioners Competence Assurance Act 2003
 New Zealand Nursing Council Code of Conduct for Nurses and Midwives (1995)
 Health Act (1956)
 Hospitals Act (1957)
 Hospitals Regulations (1993)
 Medicines Act (1981)
 Medicines Regulations (1984)
 Parfalgan Datasheet. (Available at www.medsafe.govt.nz/profs/Datasheet/dsform.asp)

9. Related Documents

WCDHB Administration of Medications by Students Procedure
 WCDHB Controlled Drugs Procedure
 WCDHB Emergency Orders and Verbal Orders Procedure
 WCDHB Medication Errors Procedure
 WCDHB Medication For On-Leave Patients Procedure
 WCDHB Medication Policy
 WCDHB Nursing Standards
 WCDHB Practice Development Programme
 WCDHB Refusal of Medications by Patients Procedures
 WCDHB Self-Medicating Patients
 WCDHB Storing and Labelling Medications Procedure
 WCDHB Use of Traditional and Alternative Medications Procedure

Revision History	Version:	2
	Developed By:	Pharmacy Manager
	Authorised By:	Director of Nursing & Midwifery
	Date Authorised:	September 2007
	Date Last Reviewed:	May 2011
	Date Of Next Review:	May 2013