

PF-PTD-244



Paracetamol

Accredited to ISO 15189:2022

Synonyms	Acetaminophen, N-Acetyl para-amino phenol
Clinical Indication	Suspected Overdose. Paracetamol is the single most common substance involved in childhood and adult poisonings in the UK.
	Early diagnosis is important as initiation of therapy within 16 hours of ingestion reduces in the likelihood of hepatic injury and decreases the rate of mortality.
	Samples must be taken 4 hours or more post ingestion for reliable interpretation.
	Overdose - An information sheet is available from National Poisons Service (<u>Toxbase</u>).
Part of Profile / See Also	
Request Form	Combined Pathology manual Blood form or ICE request
Availability / Frequency of	On request
Analysis	
Turnaround Time	2 hours
Patient Preparation	None required
Sample Requirements	Sample must be taken 4 hours or more after ingestion. Levels taken before 4 hours cannot be reliably interpreted because of the possibility of continuing absorption and distribution of the drug.
Specimen Type	Serum and plasma
Volume	2 ml
Acceptable Containers	Yellow top (SST) tube
	Green top (lithium-heparin) tube
	paediatric orange top (lithium-heparin)



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paediatric green top (lithium-heparin)

Plain serum samples may also be used.

Reference Range & Units	Undetectable
Interferences	Note that the toxic paracetamol metabolite NAPQI interferes in the creatinine
	assay. In patients with serum paracetamol concentrations >80 mg/L, falsely
	low creatinine results may be observed.
Interpretation & Clinical	
Decision Value (if applicable)	Results >100 mg/L are telephoned to the requesting source
References	Beckman kit insert
	Pathology Harmony
Test code	PARA
Lab Handling	Analysed from the primary tube and stored at 4°C.
-	Serum and plasma stable for 14 days at 4°C.