

PF-PTD-244

## **Paracetamol**

**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 (Toxbase).

Part of Profile / See Also

**Request Form** Combined Pathology manual Blood form or ICE request

Availability / Frequency of

**Analysis** 

**Turnaround Time** 2 hours

**Patient Preparation** 

**Sample Requirements** 

On request

Accredited to ISO 15189:2012

None required

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)



paediatric green top (lithium-heparin)

Plain serum samples may also be used.



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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

Beckman kit insert
Pathology Harmony

Test code

PARA