

IV Acetylcysteine (NAC) Protocol for Acetaminophen Poisoning



Overview for Frontline Providers

March & April 2026



Ontario
Poison
Centre | Centre
antipoison
de l'Ontario

OPC has a revised
IV acetylcysteine (NAC) protocol for
acetaminophen poisoning.

*Launch date: **April 1 at 0700**



You have a patient with suspected acetaminophen toxicity.

What next?



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Manitoba: 1 (855) 776-4766
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We will **briefly** review:



Baseline bloodwork and monitoring frequency

IV NAC dosing under the revised protocol (2- bag)

NAC stopping criteria

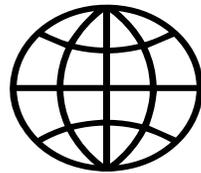
Patient Care Resources

Q & A

**Note: we will not review site-specific pump programming or EMR workflows.*

Where can I find Patient Care Resources?

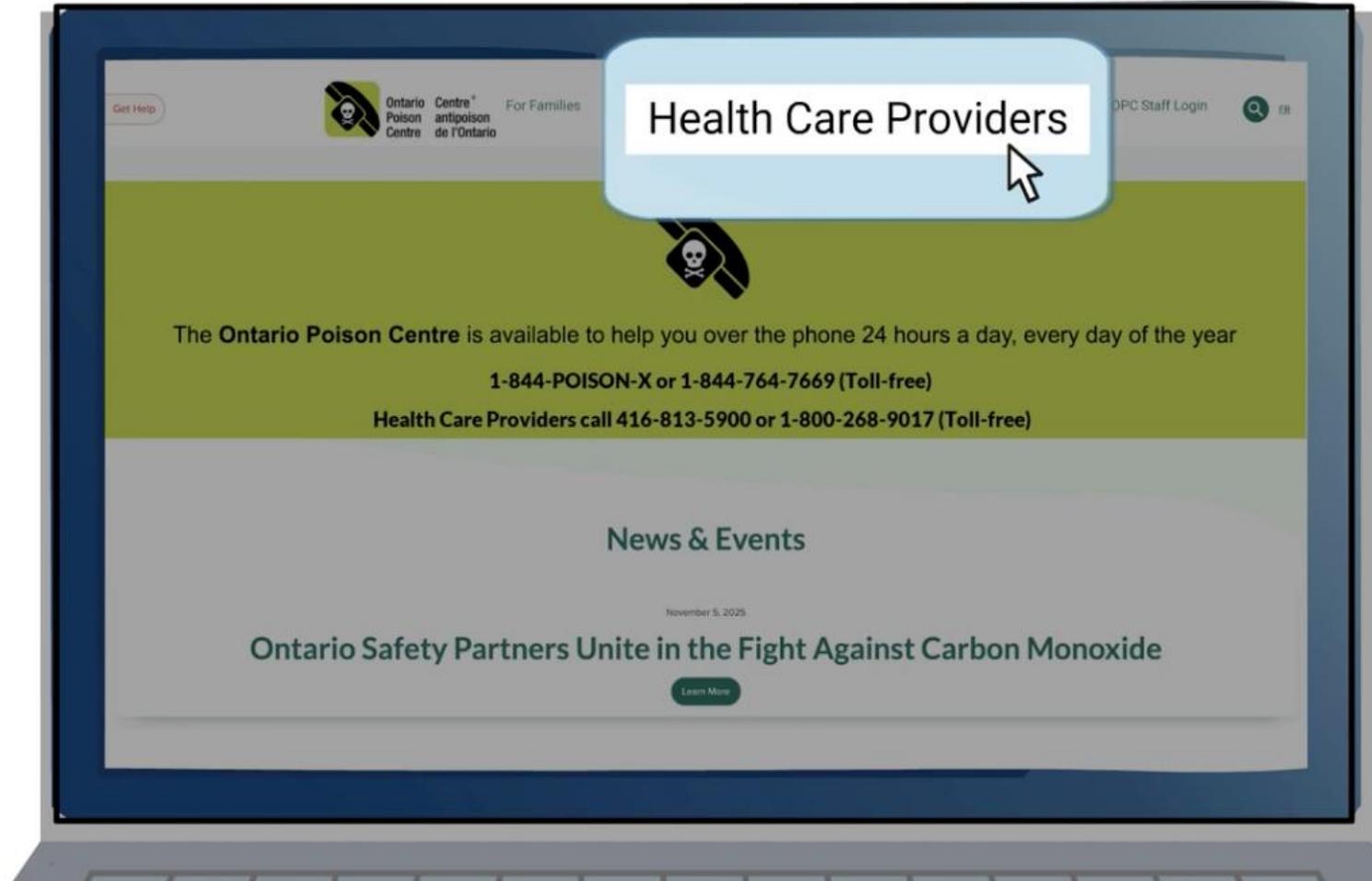
ontariopoisoncentre.ca



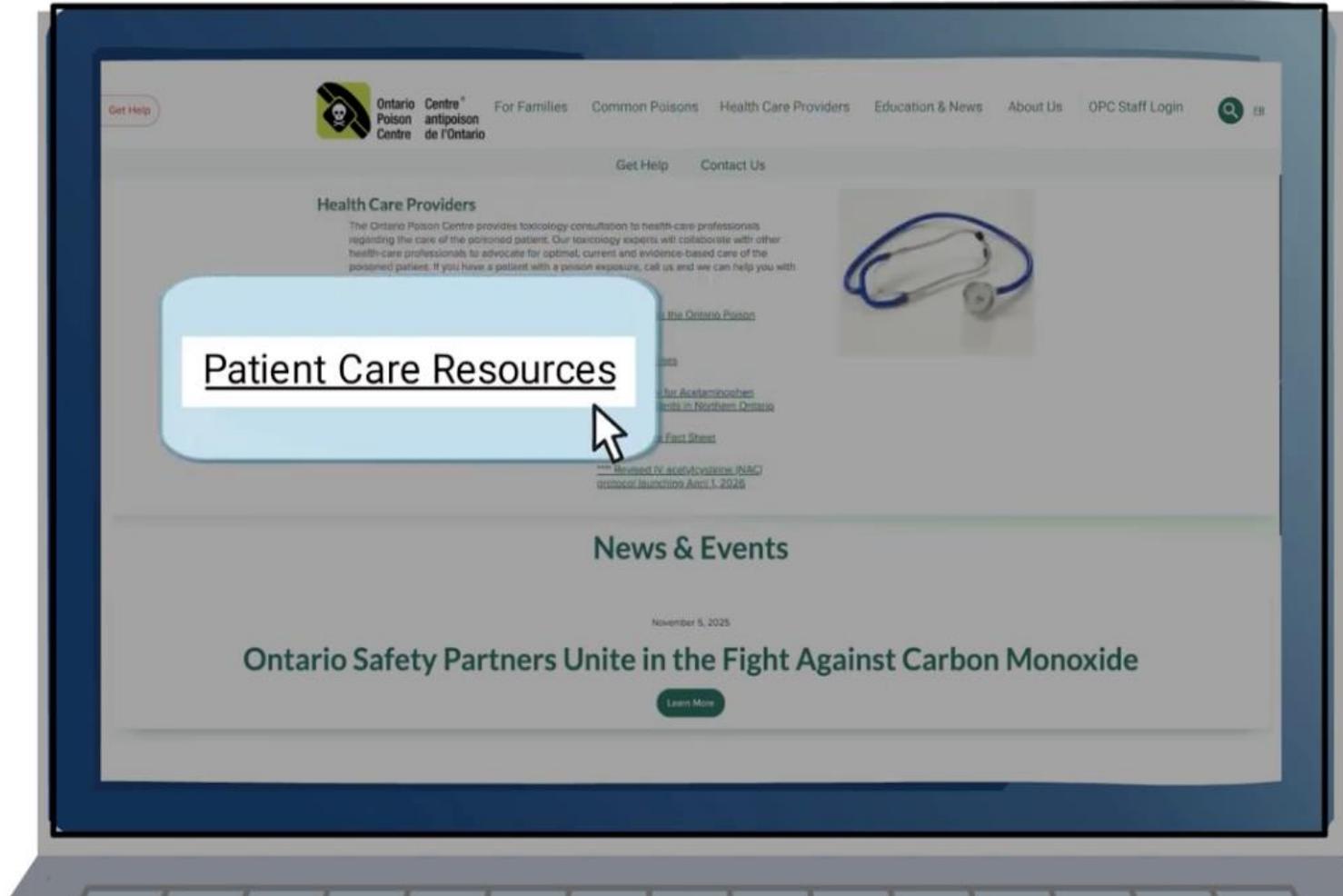
manitobapoison.ca



Click on “Health Care Providers”



Click on “Patient Care Resources”



Acetaminophen

- IV NAC dosing
 - 1-bag
 - 2-bag
- IV NAC preparation
- Bloodwork
- Stopping criteria
- NAAR management (anaphylactoid reaction)
- Oral NAC for acetaminophen poisoning
- Fomepizole for acetaminophen poisoning



Ontario & Nunavut



Manitoba

Case: Acute Ingestion

21:00 local time



80 kg



35-year-old female presents to emergency dept



Ingested 30 x 500mg tablets of acetaminophen at 1400 (7 hours ago)



Vitals signs normal, GCS 15, c/o nausea



Acetaminophen

- [IV NAC preparation](#)
- [Bloodwork](#) →
- [Stopping criteria](#)
- [NAAR management \(anaphylactoid reaction\)](#)
- [Oral NAC for acetaminophen poisoning](#)
- [Fomepizole for acetaminophen poisoning](#)

Recommended Investigations for Patients with Suspected Acetaminophen Poisoning

For patients who have taken, or are suspected to have taken, an acetaminophen overdose, the following laboratory investigations are recommended.

As a general principle, the Poison Centre recommends that **bloodwork be obtained at 4 hours post-ingestion and every 12 hours thereafter**. Additional testing may be advised by the Poison Specialist on an as-needed basis.

From the perspective of the Poison Centre, acetaminophen is considered undetectable when the concentration is less than 66 µmol/L (10 µg/mL).

Bloodwork on Presentation (for all suspected acetaminophen overdoses)

1. Acetaminophen concentration ([APAP]) at least 4 hours post-ingestion
2. Salicylate (ASA) level
3. Ethanol (EtOH) level, serum osmolality, and blood urea nitrogen (BUN) if clinically relevant
4. Venous blood gas (VBG), lactate, electrolytes, glucose, and creatinine
5. AST (if available) and ALT
6. PT/INR
7. Beta-hCG if appropriate

Additional Testing

Sustained Release Preparations or Co-Ingestants (opioid or anticholinergic)

- Repeat acetaminophen level every 4 hours until the level peaks, then every 12 hours until undetectable.

Patients receiving acetylcysteine (NAC)

- Repeat VBG, lactate, electrolytes, glucose, BUN, creatinine, AST, ALT, and PT/INR every 12 hours

High Risk Cases (as determined by the Poison Centre)

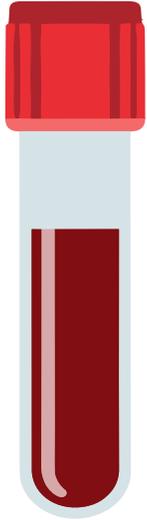
- Lipase
- Phosphate (PO₄) if liver enzymes are elevated
- Repeat acetaminophen level, venous gases, lactate, electrolytes, glucose, BUN, creatinine, AST, ALT, and INR every 4 hours until the acetaminophen level peaks, then every 12 hours until undetectable.



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DO NOT ARCHIVE



Acetaminophen (APAP) level **at least 4 hours** post-ingestion

Salicylate (ASA) level

VBG, lactate, electrolytes, glucose, and creatinine

AST (if available) and ALT

PT/INR

If clinically relevant: ethanol (EtOH) level, serum osmolality, and blood urea nitrogen (BUN)

For patients receiving
acetylcysteine (NAC), **repeat
bloodwork every 12 hours.**

OPC will advise if additional labs or more
frequent monitoring is required.



Case: Acute Ingestion



21:00 APAP: 742 $\mu\text{mol/L}$ (112 mg/L)

Time of ingestion: **14:00** (7 hours ago)

This plots **above** the treatment line.

Patient needs NAC.

*Other baseline labs "normal"



Acetaminophen

- IV NAC preparation
- Bloodwork
- Stopping criteria
- NAAR management (anaphylactoid reaction)
- Oral NAC for acetaminophen poisoning
- Fomepizole for acetaminophen poisoning

3% IV Acetylcysteine (NAC) Admixture Preparation Instructions

Institutional guidance on admixture preparation may differ from the methods described below. Follow your local institutional guidelines where available.

100 mL admixture

- Remove 15 mL from a 100 mL bag of D5W, NS, or 1/2 NS.
- Add 15 mL of 20% IV NAC (200 mg/mL) to the remaining 85 mL
- Calculation: $15 \text{ mL} \times 200 \text{ mg/mL} = 3000 \text{ mg NAC}$
- Final volume 100 mL; concentration $3000 \text{ mg} \div 100 \text{ mL} = 30 \text{ mg/mL (3\%)}$

250 mL admixture

- Remove 37.5 mL from a 250 mL bag of D5W, NS, or 1/2 NS.
- Add 37.5 mL of 20% IV NAC (200 mg/mL) to the remaining 212.5 mL
- Calculation: $37.5 \text{ mL} \times 200 \text{ mg/mL} = 7,500 \text{ mg NAC}$
- Final volume 250 mL; concentration $7,500 \text{ mg} \div 250 \text{ mL} = 30 \text{ mg/mL (3\%)}$

500 mL admixture

- Remove 75 mL from a 500 mL bag of D5W, NS, or 1/2 NS.
- Add 75 mL of 20% IV NAC (200 mg/mL) to the remaining 425 mL
- Calculation: $75 \text{ mL} \times 200 \text{ mg/mL} = 15,000 \text{ mg NAC}$
- Final volume 500 mL; concentration $15,000 \text{ mg} \div 500 \text{ mL} = 30 \text{ mg/mL (3\%)}$

1000 mL admixture

- Remove 150 mL from a 1000 mL bag of D5W, NS, or 1/2 NS.
- Add 150 mL of 20% IV NAC (200 mg/mL) to the remaining 850 mL
- Calculation: $150 \text{ mL} \times 200 \text{ mg/mL} = 30,000 \text{ mg NAC}$
- Final volume 1000 mL; concentration $30,000 \text{ mg} \div 1000 \text{ mL} = 30 \text{ mg/mL (3\%)}$

Notes:

1. 20% IV N-Acetylcysteine is equivalent to 200 mg/mL.
2. The 3% solution is slightly hyperosmolar but still safe for peripheral vein administration.
3. Some IV fluid bags may contain slightly more volume than stated; this has minimal impact. Use the advertised volume for calculations.
4. Mix thoroughly after preparation to ensure uniform distribution of NAC.
5. Change each bag every 24 hours to guarantee solution stability.



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DO NOT ARCHIVE

Institutional guidance on preparing a **3% NAC** solution may differ from our Patient Care Resource.

Follow local institutional guidelines where available.



Multiple diluent options:

D5W, NS, ½ NS

**Choice of diluent will be
determined by prescriber.**



Acetaminophen

- IV NAC dosing

- 1-bag

- **2-bag**



IV Acetylcysteine (NAC) Dosing Protocol for Acetaminophen Poisoning

2-bag method

For institutions using separate admixture for loading dose and maintenance infusion.

1. Prepare a single admixture at a standard concentration of 30 mg/mL (3%) in dextrose 5% in water, normal saline or ½ normal saline.
2. Prepare the following admixture volumes based on patient weight:

Patient weight	Loading dose admixture volume	Maintenance dose admixture volume
20 kg or less	100 mL	250 mL
21-40 kg	250 mL	250 mL
41-100 kg	500 mL	1000 mL
101 kg or greater	500 mL	1000 mL

3. For patients > 100 kg, use a maximum weight of 100 kg (220 lb) for dosing.
4. **Step 1** – Loading dose: 150 mg/kg (5 mL/kg of 3% NAC solution) over 1 hour.
5. Discard remaining fluid in loading dose bag after the infusion is complete.
6. **Step 2** – Maintenance dose: 15 mg/kg/hour (0.5 mL/kg/hour of 3% NAC solution) until “Stopping Criteria” are met. Before assessing stopping criteria, patients must receive at least 12 hours of IV NAC therapy, inclusive of the loading dose.

Note: Bag sizes are a guide only. If unavailable, use available sizes at your site, ensuring it is prepared as a 3% solution. See “3% IV Acetylcysteine (NAC) Admixture Preparation Instructions.”



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DO NOT ARCHIVE

→ Loading dose:

150 mg/kg over 1 hour

→ Maintenance infusion:

15 mg/kg/hour until stopping criteria are met

No change in dosing if patient is undergoing dialysis or presents with severely elevated [APAP]
(i.e. there is **no “high dose”** protocol)

IV NAC Protocol: 2-Step Infusion

→ Loading dose:

150 mg/kg over 1 hour

***Cap dosing weight
at 100 kg**

→ Maintenance infusion:

15 mg/kg/hour until stopping criteria are met

*i.e. Use 100 kg for patients > 100 kg

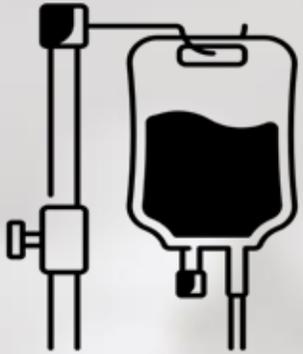
Maximum loading dose= 15000 mg

Maximum maintenance infusion rate= 1500 mg/h

Case: Acute Ingestion



80 kg



500 mL

IV NAC loading dose: 150 mg/kg
 $150 \times 80 \text{ kg} = 12000 \text{ mg}$ over 

1 hour passes...

Loading dose completed.

Discard IV bag.

Hang new IV bag.



1000 mL

IV NAC maintenance infusion: 15 mg/kg/hour

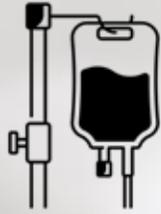
$150 \times 80 \text{ kg} = 1200 \text{ mg/hour}$



Case: Acute Ingestion



80 kg



21:30 **IV NAC** 12000 mg over 1 hour

22:30 **IV NAC** 1200 mg/hour



Next labs ordered for **09:30**

APAP **74** $\mu\text{mol/L}$ (**11** mg/L)

AST **106**, ALT 92

VBG, lactate, electrolytes, creatinine, PT, INR

→ *within normal reference range*



Acetaminophen

- [IV NAC preparation](#)
- [Bloodwork](#)
- [Stopping criteria](#) →
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Ontario Poison Centre Acetylcysteine Stopping Criteria

Purpose

This guidance outlines when to discontinue acetylcysteine (NAC) treatment in patients with acetaminophen poisoning. The decision to stop NAC should always be made in consultation with the Poison Centre.

Key Principles

- Continue NAC if indicated. No specific treatment needed.
- Do not stop automatically after 20 or 21 hours without reassessing the patient.
- Some patients require extended treatment depending on laboratory values and clinical consideration.

Stopping Criteria for when to Discontinue NAC:

1. When NAC is started before acetaminophen ([APAP]) levels are available:
 - [APAP] concentration is below the nomogram treatment line, and
 - ALT and/or AST are below the institution-specific upper limit of normal, and
 - INR < 2.
2. When NAC is started because [APAP] was above the treatment line (4 – 24 hours post-ingestion) OR when the nomogram cannot be used.
 - [APAP] is < 66 µmol/L, and
 - AST or ALT are ≤ 100 IU/L, or if > 100 IU/L, either value is falling and now < 50% of the peak, and
 - INR < 2, and
 - The patient is clinically stable, and
 - At least 12 hours of NAC has been administered.
3. When NAC is started based on a history of ingestion only (No lab results available, e.g., remote settings).
 - NAC may be discontinued after consultation with Poison Centre and confirmation that at least 24 hours of NAC have been completed.

Additional Notes

- NAC should not be discontinued until all stopping criteria are fulfilled.
- Continued monitoring is recommended following cessation, especially in patients with delayed absorption or evidence of hepatic injury.



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DO NOT ARCHIVE

Treat with NAC until:

- ✓ APAP < **66 $\mu\text{mol/L}$** (< 10 mg/L)
- ✓ **AND** AST or ALT \leq **100 U/L** (or falling, and < 50% of peak)
- ✓ **AND** INR < **2**
- ✓ **AND** the patient is **clinically stable**
- ✓ **AND at least 12 hours of NAC has been given**

Including
loading
dose

Case: Acute Ingestion



09:30 labs:

APAP **74** $\mu\text{mol/L}$ (**11** mg/L)

AST **106**, ALT 92

VBG, lactate, electrolytes, creatinine, PT, INR

→ *within normal reference range*

Stopping Criteria **NOT** met



Continue **IV NAC** 1200 mg/hour

Repeat bloodwork in 12 hours



Case: Acute Ingestion



21:30 labs:

APAP < 66 $\mu\text{mol/L}$ (< 10 mg/L)

AST 86, ALT 88

VBG, lactate, electrolytes, creatinine, PT, INR

→ *within normal reference range*

✓ Stopping Criteria **MET**



IV NAC discontinued



Acetaminophen

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 - 2-bag
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Ontario & Nunavut



Manitoba

Every case has nuance.

Clinical judgment matters.

The Ontario Poison Centre is here 24/7 to support you.



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Looking for More Detail?

[Access webinar recording](#)

for a more in-depth overview of acetaminophen toxicity and management.



Q & A

Contact for follow-up
questions.

katie.orr@sickkids.ca



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