

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.
- 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 (< 10 mg/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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