

- **Pregnancy/breastfeeding:** to notify prescriber if pregnancy is planned or suspected; to avoid breastfeeding

### TREATMENT OF OVERDOSE:

Lavage if taken orally; monitor electrolytes; administer dextrose in saline; monitor hydration, CV, renal status

## acetylcholine ophthalmic

See Appendix B

## acetylcysteine (Rx)

(a-se-teel-sis'tay-een)

Acetadote, Cetylev 

*Func. class.:* Mucolytic; antidote—acetaminophen

*Chem. class.:* Amino acid L-cysteine

**ACTION:** Decreases viscosity of secretions by breaking disulfide links of mucoproteins; serves as a substrate in place of glutathione, which is necessary to inactivate toxic metabolites with acetaminophen overdose

**USES:** Acetaminophen toxicity; bronchitis; cystic fibrosis; COPD; atelectasis

**Unlabeled uses:** Prevention of contrast medium nephrotoxicity

**CONTRAINDICATIONS:** Hypersensitivity

**Precautions:** Pregnancy, breastfeeding, hypothyroidism, Addison's disease, CNS depression, brain tumor, asthma, renal/hepatic disease, COPD, psychosis, alcoholism, seizure disorders, bronchospasms, anaphylactoid reactions, fluid restriction, weight <40 kg, increased intracranial pressure, status asthmaticus

### DOSAGE AND ROUTES

#### Acetaminophen toxicity

- **Adult and child:** PO 140 mg/kg, then 70 mg/kg q4hr × 17 doses to total of

1330 mg/kg;  $\geq$  41-100 kg IV loading dose 150 mg/kg over 60 min (dilution 150 mg/kg in 200 mL of D<sub>5</sub>W); then 50 mg/kg over 4 hr (dilution 50 mg/kg in 500 mL D<sub>5</sub>W); then 100 mg/kg over 16 hr (dilution 100 mg/kg in 1000 D<sub>5</sub>W)

- **Adult/child 21-40 kg:** IV 150 mg/kg in 100 mL diluent over 1 hr, then 50 mg/kg in 250 mL over 4 hr, then 100 mg/kg in 500 mg over 16 hr

- **Infant/child 5-20 kg:** IV 150 mg/kg in 3 mL/kg diluent over 1 hr, then 50 mg/kg in 7 mL/kg diluent over 4 hr, then 100 mg/kg in 14 mL/kg diluent over 16 hr

#### Mucolytic

- **Adult and child 1-12 yr:** INSTILL 1-2 mL (10%-20% sol) q6-8hr prn or 3-5 mL (20% sol) or 6-10 mL (10% sol) tid or qid; NEBULIZER (face mask, mouthpiece, tracheostomy) 1-10 mL of a 20% sol, or 2-20 mL of a 10% sol, q2-8hr; NEBULIZER (tent, croupette) may require large dose, up to 300 mL/treatment

#### Tracheostomy care

- **Adult/child:** INSTILL 1-2 mL (10%-20% sol) q1-4hr directly into tracheostomy

#### Diagnostic bronchial lab studies

- **Adult/child:** NEBULIZER 2-3 uses of 1-2 mL of 20% sol or 2-4 mL of 10% sol

#### Prevention of radiocontrast-induced renal reactions (unlabeled)

- **Adult:** PO 600 mg bid X 2 days before radiocontrast

**Available forms:** Oral sol 10%, 20%; inj 20% (200 mg/mL); effervescent tab for oral solution 500, 2500 mg

#### Administer:

##### PO route

- **Antidotal use:** give within 8 hr for best results; dilute 10% or 20% sol to a 5% sol with diet soda, may use water if giving via gastric tube; dilution of 10% sol 1:1, 20% sol 1:3, store open undiluted solution refrigerated  $\leq$ 96 hr, repeat dose if vomited within 1 hr

**PO route (effervescent tablets for oral solution)**

- Dissolve in 100 mL water (50 mg/mL) **1-19 kg;** in 150 mL water **20-59 kg;** 300 mg/mL  $\geq$ 60 kg