

NURSING CARE PLAN No 30A
LIDOCAINE INFUSION FOR PAIN MANAGEMENT

(All care plans must be used in conjunction with care plan 1)

Full Name:

Address: Addressograph

HCR.....

Care Plan No 30A Problem	LIDOCAINE INFUSION FOR PAIN MANAGEMENT	Issue Date:	November 2017
		Review Date:	November 2020
<p>..... has severe pain that requires a lidocaine infusion and so is so is potentially at risk from:</p> <ol style="list-style-type: none"> 1) Inadequate pain management. 2) Local Anaesthetic toxicity. 			
GOALS			
<ol style="list-style-type: none"> 1.'s pain will be managed safely. 2. Any adverse side effects from the lidocaine infusion will be identified promptly and appropriate action taken and documented 3.'s safety will be maintained at all times. 			
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<i>Refer to medication guideline for the management of intravenous lidocaine Infusion for pain management and associated observation chart.</i>			
1	INFUSION PUMP		
	<ul style="list-style-type: none"> • The pain consultant or anaesthetist will discuss the Lidocaine infusion with the child where appropriate and the family & obtain verbal consent for the procedure will be obtained. • Lidocaine infusions are administered via an infusion pump or syringe pump. • The hourly volume infused, together with the running total of the volume of the infusion will be documented on the lidocaine infusion observation chart. • If technical problems occur, with the pump, they will be reported immediately to the biomedical engineering department and the pump will be removed from service. 		
2	MEDICATION		
	<ul style="list-style-type: none"> • Lidocaine Infusions for pain management will be administered as per the OLHSC Medication Policy, Lidocaine infusion for pain management protocol and as prescribed on the medication kardex. • Nursing staff preparing and administering a Lidocaine infusion will ensure that the Prescription and Dosage is correct, Programming of the pump matches the prescription; Pump is running accurately, and Infusion tubing is labelled correctly. • Nursing staff will independently double check, sign and document: Any changes to the rate of infusion, change of infusion bag or change of infusion set. 		
3	DETECTING AND MANAGING SIDE EFFECTS OF LIGNOCAINE INFUSION FOR PAIN MANAGEMENT		
	<ol style="list-style-type: none"> 1. will be monitored whilst receiving a lidocaine infusion for signs of local anaesthetic toxicity as per lidocaine observation chart. 2. Continuous visual monitoring during first 20 minutes by consultant <ul style="list-style-type: none"> • Vital Signs: SpO₂, HR, Either continuous B/P monitoring via arterial line or NIBP: q5 mins x 20 mins, q15mins x 30 mins, q30 mins x 2 hours , then hourly until the infusion completed and again 60 minutes after infusion completed. Record as PEWs. • Pain: use a 0-10 Numerical Rating Scale at baseline, after 1 hour, at completion and prior to discharge (if patient is a day case). • Side effects: ask about the following side effects and rate as 0-none, 1-mild, 2-moderate, 3-severe / intolerable: <ul style="list-style-type: none"> ○ Numbness or tingling ○ Metallic taste 		

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3	DETECTING AND MANAGING SIDE EFFECTS OF LIGNOCAINE INFUSION FOR PAIN MANAGEMENT contd.....	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> Tinnitus (ringing in the ears) Dizziness Nausea/vomiting Visual changes <p>N.B If any side effect scores '3', the infusions will be stopped.</p> <ul style="list-style-type: none"> Other signs of toxicity include respiratory depression, confusion, bradycardia, hypotension and agitation. Mild to moderate sedation can be secondary to either the lidocaine itself or can due to the pain relief it provides, which may enhance the sedative effect of other medicationshas taken. 			
4	MANAGEMENT OF LIGNOCAINE TOXICITY		
<p>If severe signs of lidocaine toxicity occur: hypotension, abrupt/severe change in level of consciousness, bradycardia</p> <ol style="list-style-type: none"> Stop the infusion. Administer Midazolam if seizures occur. Administer O2 if SpO₂ <92%. Call Consultant. Take blood for Lidocaine level. Administer Hartman's 10ml/kg IV fluid bolus. <p>*see algorithm in resuscitation folder*</p> <ul style="list-style-type: none"> Mild sedation or other mild symptoms of lidocaine toxicity (peri-oral numbness, heavy tongue, and tinnitus) should not require testing of blood levels. If the infusion is stopped because of mild symptoms, it may be restarted after two hours at a reduced dose. 			
5	STOPPING LIDOCAINE INFUSION		
<ul style="list-style-type: none"> On completion of the infusion, monitoring must be continued for one hour. Prior to discharge the IV cannula is removed. 			

Created by Nursing Department
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