Children's Health Ireland at Crumlin

NURSING CARE PLAN No 24
REGIONAL ANAESTHETIC BLOCK INFUSIONS

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

Full Name: .....
Address: Addressograph
.....
HCR.....

Care Plan No 24 Problem	REGIONAL ANAESTHETIC BLOCK INFUSIONS Goals	Issue Date: July 2019 Review Date: July 2021

..... has continuous Regional anaesthetic block infusion of Lidocaine 0.125% and so is potentially at risk from:

Injury secondary to numbness or motor weakness	Pressure area skin damage	Nerve damage
Inadequate pain management	Local Anaesthetic toxicity	Infection

- .....'s pain will be managed individually so that his/her level of discomfort is judged to be acceptable to by.....and /or his / her family.
- Any adverse side effects from the technique will be identified promptly and appropriate action taken and documented
- .....'s safety will be maintained at all times.

No	NURSING INTERVENTION *(Refer to hospital guidelines for the management of Regional Anaesthetic block infusions and associated observation chart)*	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	**Infusion Pump**		
	• An anaesthesiologist will discuss the options for pain relief after surgery with the child where appropriate & family & obtain verbal consent for the procedure from parents. • Continuous regional anaesthetic block infusions are administered via dedicated infusion pump (CADD Solis©). • Nursing staff will ensure that ..... and his/her family questions about analgesia are answered. • The hourly volume infused, together with the running total of the volume of the infusion will be documented on the Regional Anaesthetic block infusions observation chart. • If technical problems occur, with the pump, they will be reported immediately to the biomedical engineering department/Pain service and the pump will be removed from service.		
2	**Medication**		
	• Regional Anaesthetic block infusions will be administered as per hospital guideline and regional analgesia prescription chart. • 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. • Nursing staff preparing and administering a Continuous Regional Anaesthetic block 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. • Infusion fluids will be changed daily if clonidine has been added. • **Infusion sets will be changed every 48 hours**.		

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3a	Detecting and Managing Side Effects	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1. ..... will be monitored whilst receiving Regional Anaesthetic Block Infusions for signs of local anaesthetic toxicity. Monitor vital signs, pain intensity, sedation, nausea, colour / sensation/movement catheter and pump function as follows: a. Every 15 minutes in recovery, then: 2) Half hourly for 2 hours and 3) Hourly for 4 hours and 4 hourly, until the infusion is discontinued b. Monitor for signs of local anaesthetic toxicity: Drowsiness / light-headedness, dizziness, tingling around mouth and lips, nausea or vomiting, Tinnitus or visual disturbances, and other symptoms as per regional analgesia observation chart.			
3b	**Pain -** *As Per Care Plan 30, OLCHC 2014*		
• Pain will be assessed and managed as per careplan 6 pre and post op care +/- care plan 30, (pain assessment) and pain intensity will be documented in PEWS chart • The anaesthesiologist on call bleep 8528 or pain nurses bleep, 8200 / 8300 will be contacted if .....'s pain is not well controlled. • If pain is not well controlled the infusion pump and catheter site will be checked. • The site of pain will be conformed, and additional analgesia will be administered. • If pain persists, oral or IV opioids as prescribed will be administered.			
3c			
3c) Nerve Damage ……..…will be monitored for signs of nerve damage such as sensory or motor weakness, Six hourly on return to the ward and prior to ambulation and I hour after a bolus or increase in the infusion rate With **extra pleural / paravertebral, axillary, thoracic and interscalene** blocks, **upper limb motor function will be assessed** by testing bilateral hand and finger extension and flexion. The Pain Service will be contacted if ……..has reduced hand or finger function with axillary, thoracic, interscalene or paravertebral block. With **femoral nerve block**, motor, sensory, and vascular condition of the extremity will be checked as per nursing practice guideline for regional Anaesthetic Block Infusions ensuring that ……..……is able to planter flex and dorsiflex the foot. The infusion will be decreased or stopped if ……is unable to planter flex or dorsiflex the extremity. **3d)** At least 6 hourly the catheter insertion site will be checked for redness, tenderness, leaking and dressing integrity. If the catheter is leaking and……..…is comfortable, the dressing will be reinforced, and the leakage observed. The rate of infusion will be reduced to minimize leaking. **3e) Pump battery** The infusion pump (CADD Solis© battery life is usually 3 to 5 days depending on the rate of infusion. If the battery needs charging, a charged battery can be sourced from recovery on receipt of the flat battery. Alternatively, 4 AA batteries can be used.			

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5	Mobilisation / Pressure Areas	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
.....has a Regional Anaesthetic Block infusion and will be encouraged to move and turn **2-3** hourly, skin integrity will be regularly checked for signs of pressure marks.			
6	**Stopping Regional Anaesthetic Block Infusions**		
• The anaesthesiologist/Pain Service in conjunction with the consultant in charge will decide when the Regional Anaesthetic Block infusion can be stopped. • Weaning is not required prior to stopping the infusion • Alternative analgesia either oral or Intravenous will be administered. • Children with lumbar plexus blocks who are receiving prophylactic anticoagulant therapy will have their catheter removed 12 hours after their last dose and the next dose will not be given for at least 2 hours after removing the catheter as per guideline. • The infusion will be stopped 4 hours before it is removed. • Nursing staff will document on the Regional Analgesia prescription sheet the date and time the catheter is removed, together with any problems that may have been encountered. • Regional Analgesia specific observations will continue for 6 hours after stopping the infusion. • The infusion pump, will be returned promptly to HSSD for decontamination.		

Created by Nursing Department
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