

Section: Division of Nursing

Index: 7030.026a

PROCEDURE

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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PACU
(Scope)

TITLE: PATIENTS RECEIVING NERVE BLOCKS IN PACU

PURPOSE: To outline the care of a patient who is undergoing a peripheral nerve block in PACU.
To provide information for the PACU RN who assists the anesthesiologist performing a nerve block.

**SUPPORTIVE
DATA:**

- Benefits of anesthetic blocks include reduced levels of post-operative pain and require less opioid analgesia during recovery.
- There are several types of nerve blocks used that are chosen based on surgical procedure. The anesthesiologist injects local around the surrounding nerve and needle placement is based on anatomic landmark. A nerve stimulator is used to find the precise location.
- Local anesthetic agent is used in nerve blocks interfere with the neuronal membranes' permeability to sodium. Disruption of this sodium exchange affects the sensory, motor, and sympathetic neuropathy therefore, the patient is unable to feel or move the anesthetized limb.
- Toxicities associated with regional anesthetic agents include dysrhythmias, confusion rapidly progressing to seizures, nausea, vomiting, diarrhea, blurred vision, tinnitus, a metallic taste, and permanent neurological injury.
- Allergic reactions associated with regional anesthetic agents include urticaria, GI upset, conjunctivitis, laryngeal edema, respiratory distress/arrest, precipitous hypotension, and anaphylaxis.
- Upper extremities blocks are: Interscalene brachial plexus block, infraclavicular brachial plexus block, axillary brachial plexus block, and Bier block.
- Lower extremities blocks are: Sciatic nerve block, femoral nerve block, popliteal nerve block, and intra-articular knee block.

EQUIPMENT:

1. nerve stimulator – PACU med room
2. chloraprep
3. sterile gloves (size determined by anesthesiologist)
4. nerve needle
5. local lidocaine
6. nerve block agent – anesthesiologists brings
7. syringe 30cc/60cc
8. EKG and Pox monitoring
9. 4 x 4s

CONTENT:

PROCEDURE:

KEY POINTS:

- | | |
|---|---|
| <ol style="list-style-type: none">1. Set up above equipment on bedside table.2. Anesthesiologist may pre-medicate with IV narcotic.3. Anesthesiologist will place stimulator wire on patient, wash off area for injection, glove, and insert needle in desired spot4. Nurse will adjust the stimulator's amplitude5. Once twitching of muscle starts, at direction of anesthesiologist, nurse will decrease amplitude calling out value so the MD can hear it.6. Once needle has been put in correct spot, the initial injection of the agent will begin by the anesthesiologist.7. After block is complete, patient will need to be positioned correctly with attention to proper body alignment since sensory is changed. Also, pain assessment will need to be continued and/or adjunctive therapy may be needed.8. Look for symptoms of allergic reactions/toxicities. | <p>Patient is continually monitored as per PACU standards.</p> <p>Start at 1.5 – 2.0mA.</p> <p>When the tip of the needle approaches the nerve, twitching begins. The anesthesiologist will move needle closer to nerve. A visible response at .5mA or less is optimal.</p> <p>.</p> <p>See supportive data for list.</p> |
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DOCUMENT: **On PACU Record:**

1. General tolerance of peripheral nerve block procedure
2. Effectiveness of block; pain scale numbers reported by patient
3. Anesthesiologist will document procedure and analgesic agents on their record/progress notes.

REFERENCE: Journal of Perianesthesia Nursing. Vol. 21. No 1. Feb. 2006. P 16-23.