

**CHRONIC PAIN MANAGEMENT –**

**LIDOCAINE INFUSION ORDERS**

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| CLERK | | NURSE |  | **ORDER SET:** | |
|  | | | **PRE PROCEDURE** | | |
|  | |  | 1. | | Vital Signs (BP, P, R, SaO2 ) and pain scale |
|  | |  | 2. | | Obtain baseline ECG 12 lead resting (within the last 3 months) |
|  | |  | 3. | | Weight on admission kg |
|  | |  | 4. | | Initiate IV |
|  | |  | 5. | | Oxygen 3 Lpm by NP |
|  | |  | 6. | | Cardiac monitoring – 5 Lead |
|  | |  | 7. | | **Intravenous solution**:   NS 250 mL bag   NS 500 mL bag |
|  | |  | 8. | | **Medications**:  Add the following medications to the IV bag   Lidocaine mg IV   Magnesium sulfate g   Ketamine mg |
|  | |  | 9. | | Infuse bag over minutes |
|  | |  | 10. | | Other medications to be administered via Y-site   Ketorolac mg IV x1   Midazolam mg IV x1   Dimenhydrinate  25 mg  50 mg IV x 1 PRN for nausea   Zofran 4mg IV x 1 PRN for nausea |
|  | | | **DURING PROCEDURE** | | |
|  |  | | 11. | Monitor and document patient’s vital signs (BP, P, R, SaO2 ) and pain scale q15 minutes | |
| 12. | Continuous cardiac monitoring – 5 Lead | |
| 13. | Assess for local anesthetic toxicity signs & symptoms q15 minutes  Signs may include: numbness and tingling around lips, metallic taste, visual/hearing disturbance, muscle rigidity, twitching, confusion or seizure. If any signs or symptoms of local anesthetic toxicity occur, stop infusion and notify physician. | |
|  | | | **POST PROCEDURE** | | |
| 24 hr | | | 14. | Obtain post procedure vital signs (BP, P, R, SaO2) and pain scale | |
| 15. | Discontinue IV 15 min post infusion | |
| 16. | Discharge home and ensure patient has transportation arranged | |

DATE:

TIME: M.D. SIGNATURE:

*Form #* Jan 2019 **CHRONIC PAIN MANAGEMENT - LIDOCAINE INFUSION ORDERS**

STAKEHOLDER REVIEW & APPROVAL

**This section provides evidence that the Head of Dept has reviewed and approved the content**

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|  | Head of Dept |  |  | **Date** |  |
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