

**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 minutesSigns 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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