Fascia Iliaca Compartment Block for Hip Fractures

Patient Name: ……
Date of birth: ……
Hospital Number: ……
NHS Number: ……

Date: …… Time: ……

Procedure lead: ……

For Fascia Iliaca Compartment Block Techniques refer to EMOldham website

Contraindication to FIB

- Patient Declines
- Allergy to Local Anaesthetic
- Coagulopathy INR>1.5, Platelet <100
- Neurological Disorder/Peripheral Neuropathy *
- On anticoagulant /anti-platelet * (except aspirin)
- Previous same side femoral vascular surgery
- Infection/Inflammation at injection site
- High risk of compartment syndrome eg crush injury
- Unable to report complications *

STOP BEFORE YOU BLOCK

1. Consent ☐
2. Mark Injection Site ☐
3. Sterile field / ANTT ☐
4. USS machine ☐
5. USS probe sheath ☐
6. Sonoplex needle ☐
7. Syringes & Needles ☐
8. ChloraPrep for Skin ☐
9. ClearFilm Dressing ☐
10. Start Observations ☐

Procedure record

Site of block: Right / Left

Lignocaine: Dose …… % …… mls

Bupivacaine: Dose …… % …… mls

Time of block: …… hrs

Block technique: USS / Landmark

Record observations at:
0, 5, 10, 15 & 30 minutes post procedure

HAS THIS PATIENT SUFFERED ANY COMPLICATIONS? Y/N

……

……

Consent

Complications of Regional Blocks: *Local anaesthetic toxicity, temporary or permanent nerve damage, intravascular injection, infection, block failure, bleeding,*

If patient is unable to give consent please give reason: ……

Consent (circle) Written / Verbal

Bupivacaine dosing

Max **2** mg/kg - Reduce dose if adding Lidocaine [4]
Aim for compartment block volume of **30-40 mls** - add *water for injection (or saline)* if needed.

Weight (kg)	**50**	**55**	**60**	**65**	**70**	**75**	**80**	**85**	**90**	**95**	**100**
Safe dose(mg)	100	110	120	130	140	150	160	170	180	190	200
Volume 0.25%(ml)	40	44	48	52	56	60	64	68	72	76	80
Volume 0.5%(ml)	20	22	24	26	28	30	32	34	36	38	40

Signs of LA toxicity

CNS: Paraesthesia, restlessness, confusion seizures, coma

RESP: Methaemoglobinaemia cyanosis

CVS: Transient hypertension, hypotension, tachycardia, arrhythmia

GI: Nausea and vomiting

Management of LA toxicity

- **STOP** procedure and **MOVE** to resus
- **CALL** for senior help
- **TREAT** - ABCDE, 12 lead ECG
- Refer to TOXBASE / AAGBI
- Bradycardia - *Atropine*
- Hypotension - *Fluid bolus*
- Seizures - *Lorazepam 4mg iv*
- QRS >120ms or acidosis - *Sodium bicarbonate*
- If Torsades de pointes - *Magnesium sulphate 2g over 30 min*
- Consider *Intralipid*

Intralipid

AAGBI LA TOXICITY PATHWAY AVAILABLE ON USS TROLLEY & TOXBASE
Intralipid Location: Antidote Cupboard Clinical Room Resus

Dosage:

- In life-threatening cardiotoxicity: 100 mL bolus over 1-3 minutes.
- If indications persist, repeat this every 5-10 minutes, to a maximum of 500 mL.

- In non-life threatening cardiotoxicity where intralipid is being considered, give 1.5 mL/kg of 20% Intralipid as an intravenous bolus followed by 0.25 mL/kg/min for 20-30 minutes to an initial maximum of 500 mL.
- The bolus could be repeated every 5-10 minutes, to a max of 500 mL for persistent cardiovascular collapse or asystole.

Additional Notes:

1. (*) = Relative Contraindications: Although there is no specific guidance for FICB, decision to administer block whilst patient is on anti-platelet or anticoagulant will be dependent on experience, technique, individual risk benefit analysis on case by case basis and plan of treatment before and after injection. ([1,2,3])
2. Combining LA use, will reduce the maximum safe threshold of individual LA, hence increasing risk of LA toxicity. ([4])

References

1. https://www.shfa.scot.nhs.uk/_docs/2018/Consensus-Statement-for-Management-of-Anticoagulants-180913.pdf
2. https://www.esaic.org/uploads/2022/01/regional_anaesthesia_in_patients_on_antithrom.pdf
3. Guideline for the management of hip fractures 2020 - Griffiths - 2021 - Anaesthesia - Wiley Online Library
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6635186/