

“HOLD YOUR NERVE”

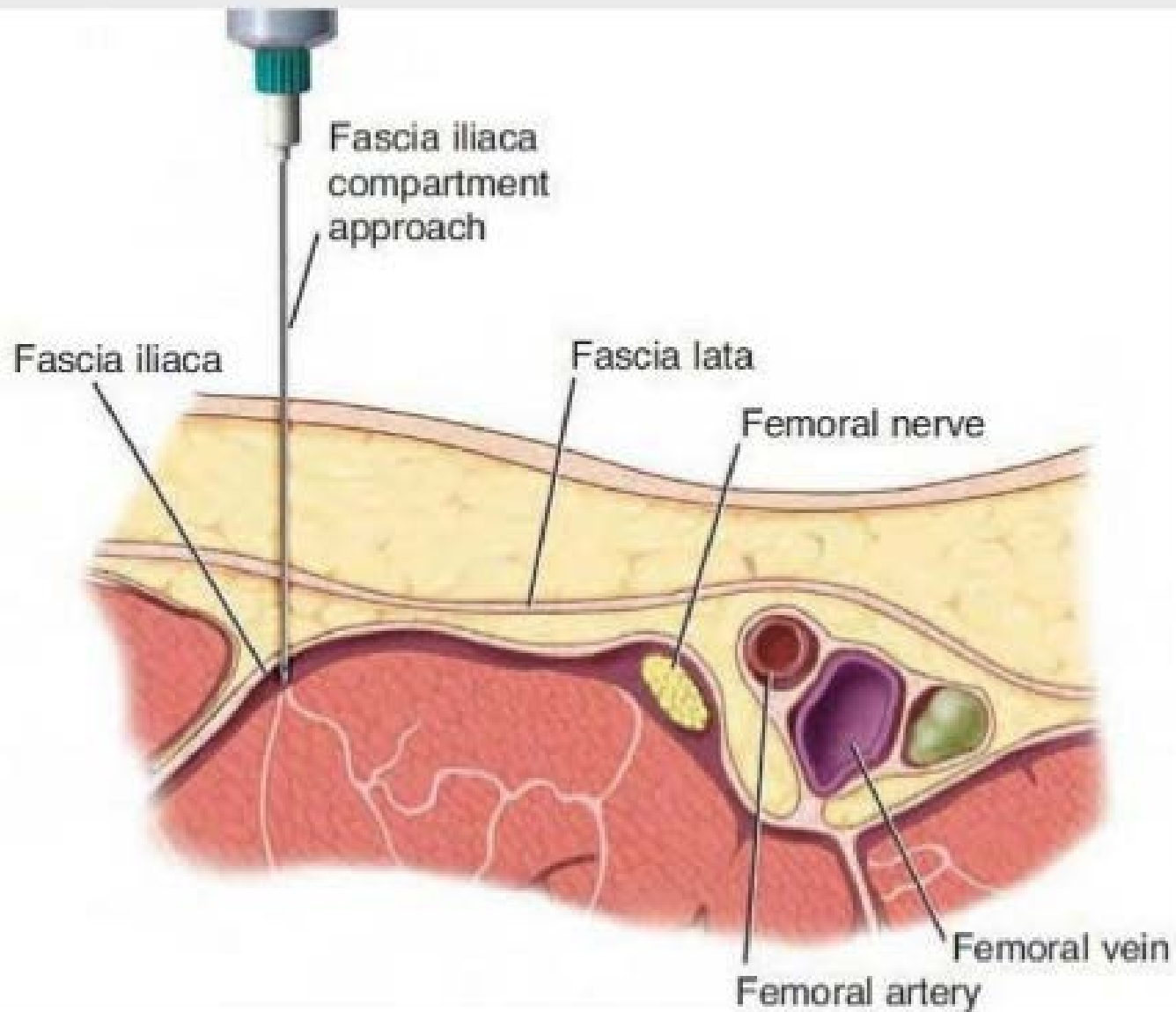
Fascia-iliaca blocks

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FASCIA ILIACA BLOCKS

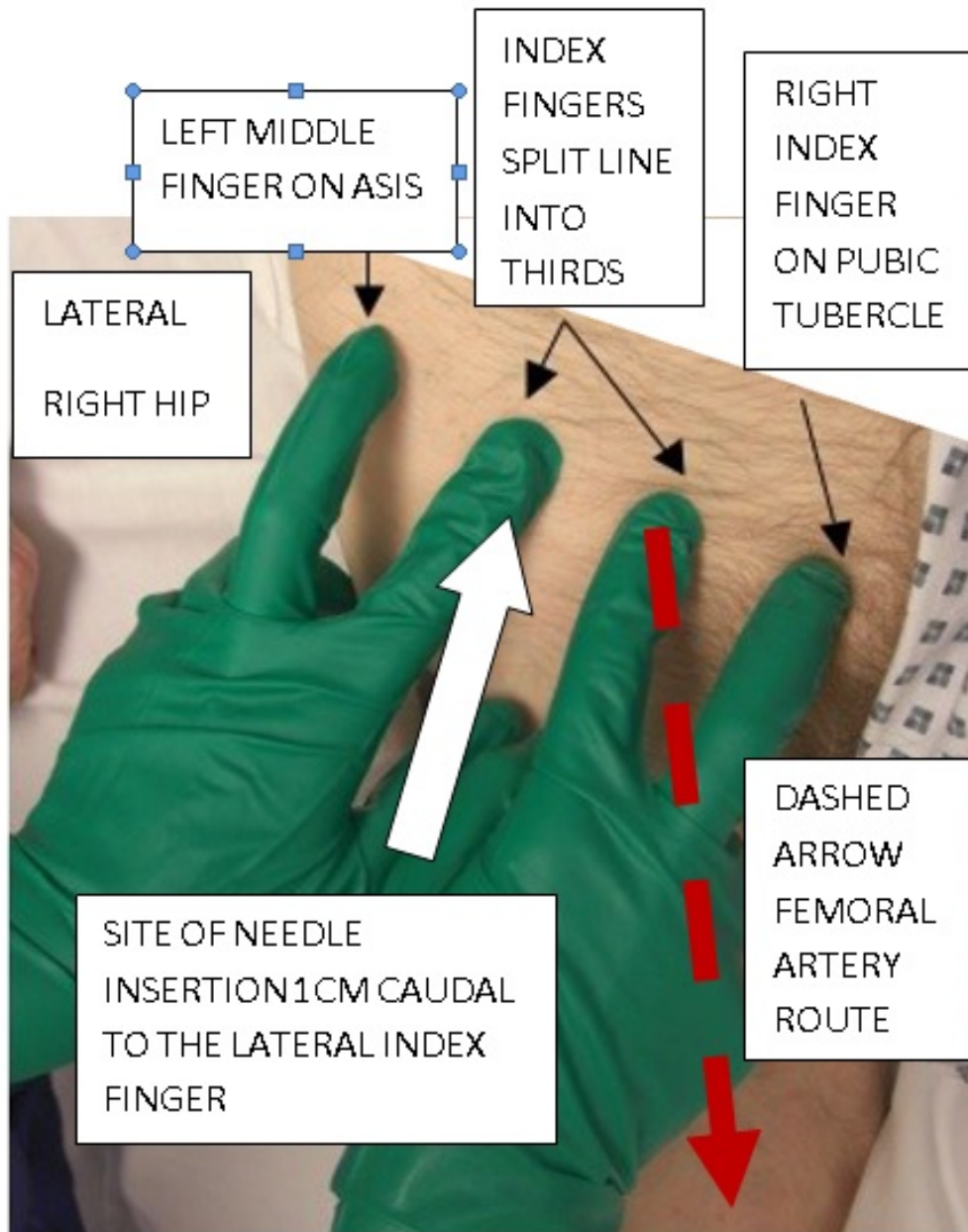
- ◉ Recommended in the Scottish Standards
- ◉ Safe compared to alternatives
- ◉ Can be performed in any environment
- ◉ Targeted effective analgesia
- ◉ Opiate sparing

Anatomy



VARIATION IN PRACTICE

- ◉ Ultrasound versus anatomical technique
- ◉ Choice of needle
- ◉ Volume of fluid used
- ◉ Length of time to perform the technique



Fix Patient Label

ANATOMICAL FASCIOLIAC BLOCK PROTOCOL FOR X-RAY CONFIRMED NOF #s



- Consider a block for all patients once a confirmatory X-Ray has been completed
- Person performing the block must have had training (learnED + Face to face training)
- The patient does not have to stay in RESUS for block insertion (but can have it during X-Ray process in RESUS if time permits)

ABSOLUTE CONTRAINDICATIONS

- PATIENT REFUSAL
- LOCAL ANAESTHETIC ALLERGY
- ANTICOAGULATION
- INFECTION AT THE SITE OF THE BLOCK
- PREVIOUS FEMORAL VASCULAR SURGERY
- SUSPICION OF COMPARTMENT SYNDROME

ANAESTHETIC DOSE

Patient over 50kg: 20ml 0.5% levobupivacaine made up to 40ml with saline 0.9% (Total dose 100mg in 40ml)

Patients under 50kg: 2mg/kg of 0.5% levobupivacaine made up to 40ml with 0.9% saline. (Calculate dose in mg and divide by 5 to give volume of 0.5% levobupivacaine N.B. 1ml 0.5% levobupivacaine = 5mg)

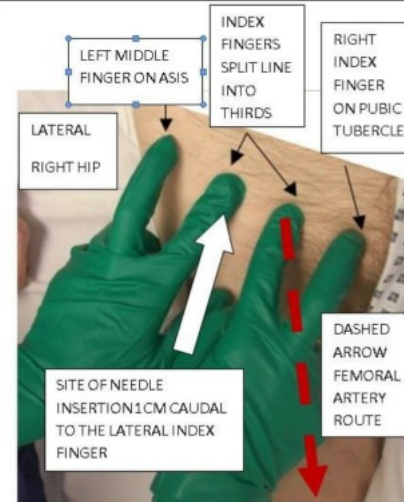
PERFORMING THE BLOCK

1. Patient supine and explain procedure
2. Open wound care pack and prepare kit
3. Draw up LA for the block as well as for skin
4. Apron, hand hygiene and gloves (from pack)
5. Ensure neurovascular status assessed
6. Clean area and identify ASIS and pubic tubercle by palpation
7. As in picture divide the resulting line into thirds and identify the femoral pulse
8. 1cm down from the index finger of the lateral hand identifies the site of needle insertion for the block (IF UNCLEAR ABOUT LANDMARKS STOP AND SEEK SENIOR HELP)
9. Keeping this finger in position anaesthetise skin with the lidocaine at insertion site
10. Insert the block needle (red) at right angle to the skin until pierced
11. Once through adjust the needle angle to 60 degrees (slightly toward the head of the bed). Do not direct the needle medially.
12. Advance the needle feeling for two distinct pops (fascia lata then fascia iliaca)
13. Attempt aspiration and if negative inject the 40ml of fluid stopping each 5ml to aspirate
14. Stop if there is pain, paraesthesia or excessive resistance. Injection should be easy.
15. Remove needle and observe for toxicity (agitation, perioral tingling, tinnitus etc.)

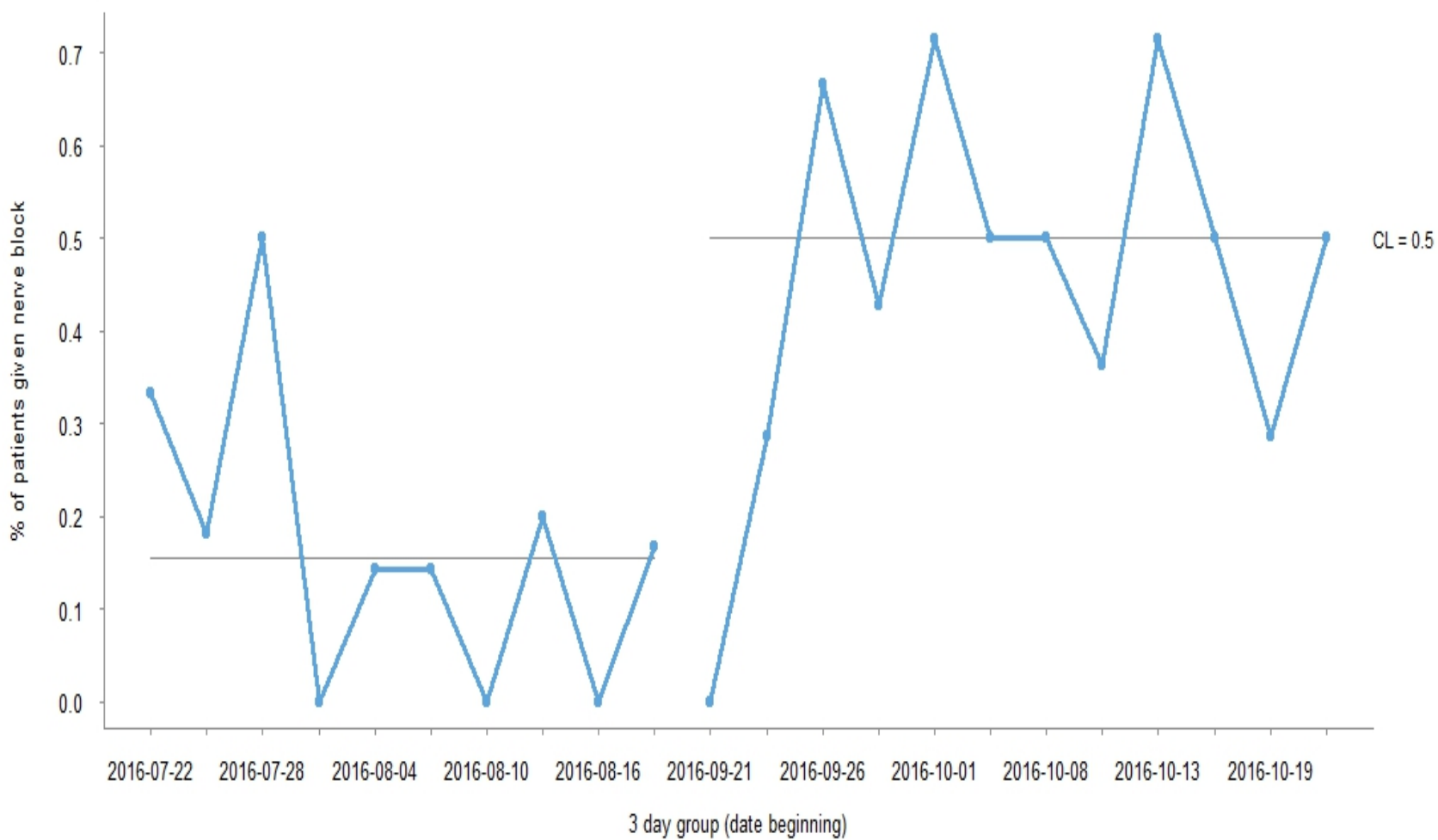
DOSE/ DRUGS GIVEN	TIME OF BLOCK

EQUIPMENT REQUIRED

- Wound care pack (small/medium/large sized gloves contained within already)
- 50ml Leuer lock syringe (for the block)
- Blunt red filling needle (for the block)
- Chloroprep skin cleanser or betadine
- 2x 10ml vials of 0.5% Levobupivacaine
- 2x 10ml vials 0.9% saline
- 5ml syringe with an orange needle (25G)
- 2ml 1% lidocaine (for the skin)



Run Chart Facia Iliaca Nerve Block Test of Change 22Jul-22Aug & 21Sep-22Oct 2016



<https://edinburghemergencymedicine.com>

<https://learned.rocks>

