Our Lady's Children's Hospital, Crumlin
Nursing Care Plan 24
Regional Anaesthetic Block Infusion

Care plan 24	Regional Anaesthetic block infusions Goals	Issue date: May 2017 Review date: May 2020

PATIENT PROBLEM

..... has continuous Regional anaesthetic block infusion of ..... and so is potentially at risk from:

1) Inadequate pain management
2) Local Anaesthetic toxicity
3) Injury secondary to numbness or motor weakness
4) Infection
5) Nerve damage
6) Pressure area skin damage

Goals

1. ……'s pain will be managed individually so that his/her level of discomfort is judged to be acceptable to by……. and /or his/her family.
2. Any adverse side effects from the technique will be identified promptly and appropriate action taken and documented
3. **.....**'s safety will be maintained at all times.

Commenced, date, time and signature	No	Nursing Intervention Refer to hospital guidelines for the management of Regional Anaesthetic block infusions and associated observation chart.	Discontinued, date, time and signature
	1	**Infusion pump**	
		• An anaesthetist will discuss the Continuous Regional Anaesthetic Block Infusion with the child where appropriate & family prior to theatre & obtain verbal consent for the procedure from parents. • Continuous regional anaesthetic block infusions are administered via dedicated infusion pump (CADD Solis©) or dedicated disposable infusion set. • Nursing staff will ensure that ……and his/her family are provided with information about a the Regional Anaesthetic block infusion . • The hourly volume infused, together with the running total of the volume of the infusion will be documented on the Regional Anaesthetic block infusions observation chart. • If technical problems occur, with the pump, they will be reported immediately to the biomedical engineering department/Pain service and the pump will be removed from service.	
	2	**Medication**	
		• Regional Anaesthetic block infusions will be administered as per the OLCHC Medication Policy, , and as prescribed on the Regional Anaesthetic Infusion prescription sheet. • Nursing staff will independently double check, sign and document: Any changes to the rate of infusion, change of infusion bag or change of infusion set. • Nursing staff preparing and administering a Continuous Regional Anaesthetic block infusion will ensure that the Prescription and Dosage is correct, Programming of the pump matches the prescription; Pump is running accurately, and Infusion tubing is labelled correctly. • Infusion fluids will be changed daily if clonidine has been added. • Infusion sets will be changed every 48 hours.	
	3	**Detecting and Managing Side Effects**	
		1. ……. will be monitored whilst receiving Regional Anaesthetic Block Infusions for signs of local anaesthetic toxicity. Monitor vital signs, pain intensity, sedation, nausea, colour / sensation/movement catheter and pump function as follows: 1. Every 15 minutes in recovery, then: 2) Half hourly for 2 hours and 3) Hourly for 4 hours and Four hourly until Local Anaesthetic Infusion is discontinued **2.** Monitor for signs of local anaesthetic toxicity: Drowsiness / light-headedness ,Tingling around mouth and lips, Numbness of tongue, Tinnitus or visual disturbances, Weakness or tingling of arms, Twitching / muscle spasms, Convulsions, Loss of consciousness, Cardiovascular collapse, Respiratory arrest.	

Patient Name……

HCR No……....

		3b) Pain as per care plan 30, OLCHC 2014 Pain will be assessed and managed as per care plan 6 pre and post op care +/- care plan 30, (pain assessment) and pain intensity will be documented in PEWS chart The Pain Service bleep 8528 or CNS/ANP 8300 will be contacted if ……..'s pain is not well controlled. • If pain is not well controlled the infusion pump and catheter site will be checked. • The site of pain will be conformed and additional analgesia will be administered. • If pain persists oral or IV opioids as prescribed will be administered. When no problem is identified or inadequate analgesia persists after 1 hr, the Pain service or on call anaesthetist will be contacted. **3c) Nerve damage** ……will be monitored for signs of nerve damage such as sensory or motor weakness, Six hourly on return to the ward and prior to ambulation and I hour after a bolus or increase in the infusion rate With **extrapleural/paravertebral, axillary, thoracic and interscalene** blocks, **upper limb motor function will be assessed** by testing bilateral hand and finger extension and flexion. The Pain Service will be contacted if ……..has reduced hand or finger function with axillary, thoracic, interscalene or paravertebral block. With **femoral nerve block**, motor, sensory, and vascular condition of the extremity will be checked as per nursing practice guideline for regional Anaesthetic Block Infusions ensuring that . ……is able to planter flex and dorsiflex the foot. The infusion will be decreased or stopped if ……is unable to planter flex or dorsiflex the extremity. **3d)** At least 6 hourly the catheter insertion site will be checked for redness, tenderness, leaking and dressing integrity. If the catheter is leaking and……..is comfortable, the dressing will be reinforced and the leakage observed. Any change or abnormality will be reported to the Pain Service, bleep 8300 or anaesthetist bleep 8528. **3e) Pump battery:** The infusion pump (CADD Solis© battery life is usually 3 to 5 days depending on the rate of infusion. If the battery needs charging, a charged battery can be sourced from recovery on receipt of the flat battery. Alternatively 4 AA batteries can be used.	
	5	**Mobilisation/Pressure areas**	
		……has a Regional Anaesthetic Block catheter and will be encouraged to move and turned **2-3** hourly, extra pressure control devices (such as sheepskins and air mattresses), will be used and …… skin will be regularly checked for signs of pressure marks.	
	6	**Stopping Regional Anaesthetic block infusions**	
		• The anaesthetist/Pain Service in conjunction with the consultant in charge will decide when the Regional Anaesthetic Block infusion can be stopped. • Weaning is not required prior to stopping the infusion • Alternative analgesia either oral or Intravenous will be administered. • Children with lumbar plexus blocks who are receiving prophylactic anticoagulant therapy will have their catheter removed 12 hours after their last dose and the next dose will not be given for 12 hours after removing the catheter as per guideline. • The infusion will be stopped 4 hours before it is removed. • Nursing staff will document on the Regional Analgesia prescription sheet the date and time the catheter is removed, together with any problems that may have been encountered. • Regional Analgesia specific observations will continue for 6 hours after stopping the infusion. • The infusion pump will be returned promptly to HSSD for decontamination.	

Patient Name……

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