

Royal Belfast Hospital for Sick children

Local anaesthetic continuous wound infiltration infusion 2014

Rationale: A continuous infusion of local anaesthetic can provide analgesia without the sedative affects of opioids.

Caution: Maximum dose of Levobupivacaine 2mg/kg.

Monitor for signs of local anaesthetic toxicity

- This protocol must be used with the BHSCT guideline for local anaesthetic infusion
- The infusion must be prescribe on the medicine kardex
- Record observations on standard EWS charts and infusion volumes on the fluid balance chart
- For advice contact the pain team on Bleep 2450 or out of hours bleep 2003

Protocol wound infiltration	Drug and dose	Rate	Bag volume
children 0-8yrs	Levobupivacaine 0.125% (1.25mg/mL)	0-2 mL/hr	200mL
children 9 yrs and over	Levobupivacaine 0.125% (1.25mg/mL)	0-5 mL/hr	200mL

Specific management

Observations

Infants /children must be monitored accurately whilst receiving Local Anaesthetic continuous infusions for signs of local anaesthetic toxicity. Monitor vital signs , pain intensity, sedation , nausea, colour/sensation/movement, catheter and pump function as follows;

- Every 15 minutes in recovery, then
- Half hourly for 2 hours
- Then hourly for 4 hours
- Then four hourly for the duration of the infusion

The local anaesthetic infusion always runs with a PCA/NCA infusion therefore:

Continue to monitor the child's pain and sedation scores, heart rate, respiratory rate and oxygen saturation level as per BHSCT PCA/NCA guideline. Observations must be recorded on the EWS chart or the duration of the PCA/NCA infusion and for a further 6 hours after the infusion has been discontinued. An assessment tool appropriate for the child's age and cognitive ability should be used and also recorded on the EWS chart.