3.8 Standing Order for supply of Lignocaine 1%

TITLE	Standing order for Lignocaine 1%
Trade Name(s)	Lignocaine, Xylocaine (Plain)
Presentation [1]	Ampoule containing clear, colourless, sterile liquid. Specific ampoule type depends on manufacturer however, contains either **50mg / 5mL** **200mg / 20mL**
Indication	To facilitate the removal of a crawling insect from the ear canal by gentle aural instillation.
Contraindications[1]	Known perforation, bleeding or obvious trauma to external auditory canal Inability for patient to stay still / immobilised during instillation
Precautions[1]	Nil specific
Dose	Single dose (1% lignocaine) for adults and children > 10kgs. Maximum dose (based on 3mg / kg) • ≥ 10kg 3mL
Dose frequency[1]	Single dose
Administration[1]	**To be administered in hospital only.** The aim of administration is to cover / drown the insect. Gently instil into the ear to achieve desired outcome. Note if the insect is still alive, it may rapidly crawl out of the auditory canal upon commencement of instillation.
Storage	Store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	If instilled in an ear with a perforated membrane, middle ear type symptoms may develop (vertigo etc.)
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Earache http://www.ecinsw.com.au/node/269 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration