

FAMILY NAME		MRN	
GIVEN NAME			
D.O.B//	M.O.		
ADDRESS			

# SMR130023

# PERIPHERAL NERVE INFUSION (ADULT)

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

# **Continuous Peripheral Nerve Infusion Management Guidelines**

(For detailed information regarding continuous nerve infusion prescribing and management refer to local hospital policy)

- **Observations** on this form to be recorded hourly for 6 hours, then second hourly or more frequently if patient's clinical condition warrants.
- A dedicated infusion device which is clearly labelled to be used for the delivery of the local anaesthetic
- A dedicated infusion giving set which is portless and labelled for regional infusion to be used
- Infusion pump settings (if applicable) to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.
- Catheter site check every 8 hours for
   integrity of dressing
  - signs of leakage (if possible)
  - signs of inflammation (if possible)
- Ensure limb support / protection if applicable

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

#### APPROPRIATE CLINICAL CARE FOR PATIENTS WITH YELLOW AND RED ZONE OBSERVATIONS:

- ENSURE OXYGEN THERAPY IS IN PROGRESS
- <u>STOP</u> PERIPHERAL NERVE INFUSION
- ENSURE THAT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS CONTACTED

# YELLOW ZONE RESPONSE

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS OR ADDITIONAL CRITERIA\* YOU <u>MUST</u> FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW HEALTH STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

#### \* Additional YELLOW ZONE Criteria for Local Anaesthetic Toxicity

- Numbness and tingling around the mouth and tongue
- Metallic taste, tinnitus and dizziness

## **RED ZONE RESPONSE**

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS OR ADDITIONAL CRITERIA\* YOU <u>MUST</u> CALL FOR A RAPID RESPONSE (as per local CERS), FOLLOW THE RED ZONE RESPONSE INSTRUCTIONS ON THE NSW HEALTH STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

#### \* Additional RED ZONE Criteria for Local Anaesthetic Toxicity

- Muscular twitching
- Convulsion
- Cardiovascular collapse

## ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

BUSINESS HOURS page/phone:

OUT OF HOURS page/phone:

Holes Punched as per AS2828.1: 2012 BINDING MARGIN - NO WRITING

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SMR130023



Facility:

## PERIPHERAL NERVE INFUSION (ADULT)

ADDRESS

/

M.O.

MRN

G FEMALE

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

### **Catheter Insertion Information**

LOCATION / WARD

FAMILY NAME

GIVEN NAME

D.O.B.

(Or refer to anaesthetic record or operation record for surgically placed catheters)

Insertion comments:

Date inserted:	Time inserted:	Person inserting signature	Print name	Designation	Contact

## Block initiation drug administered

Block initiation drug administered:	Volume:	Time:	Medical officer or equivalent administering: (Signature and print name)
	mL		

## Administration

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	Date	Time	Signature 1	Signature 2
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## Removal of regional catheter(s)

- For time delays between anticoagulant administration and removal of deep catheters refer to local hospital policy and/or anticoagulant guidelines.
- Motor function can be affected for several hours post removal of catheter(s).
- Check motor function if applicable prior to mobilisation

Catheter 1 removed:	Catheter 2 removed:
Date: Time:	Date: Time:
Signature: Print name:	Signature: Print name:

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