

Peripheral Nerve Block Cheat Sheet

(March, 2014)

What is a Peripheral Nerve Block?

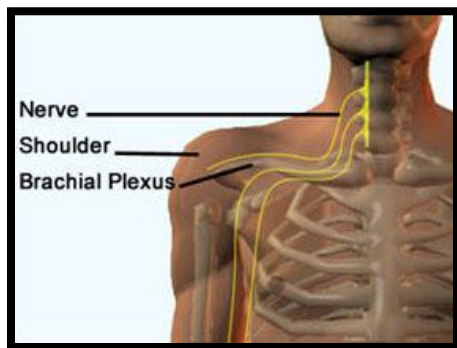
- A PNB is a form of regional anesthesia that may be used for pain caused by but not limited to post operative pain or after a traumatic injury.
- PNBs can either be a single shot, multiple shots and/ or a catheter placed to last for several days.
- PNBs can be located by the femoral, Sciatic/ Popliteal, Interscalene, Supraclavicular, or Paravertebral areas.

What does it do?

- PNB delivers local anesthetic medication continuously to bathe the nerve that innervates the specific site of injury or surgical site. This helps to reduce the amount of pain a patient feels.
- These blocks may last 3-7 days depending on placement.

How does it work?

- PNB bathes the nerve in local anesthetic to decrease sensation below and lateral to the block site. The continuous medication allows patients to participate more effectively in ADLs, IS usage, PT, and rest more comfortably.



What do I need to know?

- The local anesthetic typically used is Ropivacaine 0.2%, but this can change depending on medication shortages. There is NO NARCOTIC. It is simply an ANESTHETIC.
- **Patients will still require pain medication (IV and PO).**

Common Side Effects of Peripheral Nerve Blocks

- The area being treated may feel heavy, decreased sensation, tingly (pins and needles) or numb.
- Decreased movement
- **Horner's Symptoms:** (With interscalene blocks)
 - Eye droopiness on the same surgical side
 - Voice hoarseness for duration of the local anesthetic
 - Sinus congestion to same side as block.
 - Sclera redness on same side as block

When to call APMS (RF 6097) **IMMEDIATELY!!**

- If you suspect anesthetic toxicity.
 - Signs and Symptoms of anesthetic toxicity:
 - Ringing in the ears
 - Numbness or tingling to the lips
 - Metallic taste to the mouth
 - Confusion
 - Incoherent speech
 - Seizures
- Patient has become disconnected from the catheter pump or tubing has become disconnected.
- Catheter has come out completely; please contact APMS BEFORE DISCARDING the catheter.

Please review Patient Care Policy #316 when caring for a patient with a peripheral nerve block infusion. This can be found on the Intranet page under Acute Pain Service.

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What do I need to do?

- Assess the patients pain score, VS, itching, sensory and motor deficits, sedation level and catheter site for redness, inflammation, blood and leakage of medication **EVERY 4 HOURS**.
- Assess for **PAIN**.
 - Call primary care team if pain is not controlled.
- Reinforce tegaderm bandage when needed or if leakage occurs. **DO NOT REMOVE TEGADERM**.
- Ensure that the placement of pump and catheter *do not* hinder patient movement. Call APMS if needs to be relocated.
- Document in the “Pain Management” navigator band.
 - After initiation - every hour x 4 hours, then every 4 hours including the cumulative dose
 - Every time the bag is changed
 - Anytime there are new and updated physician orders;
 - At change of shift.
- Change the medication bag (from Pyxis, if not loaded, call pharmacy to request bag) and batteries when necessary.

How to Change the Bag

- The pump should give a “Low Volume” warning when there is about 10mL left in the bag.
 - To change the bag:
 - Select “Stop” → Select “Options” → Select “Keypad Lock” → Select “Full lock” → Enter “Lock Code” → Enter code, keypad will unlock.
 - Select “Change” → Select “New Container” → Hang the new bag (the volume should now be “0”) → Press the “Start” button → pump should relock on its own, if not follow lock process (same as above).
 - Document under the “Pain Management” navigator band in PowerChart (PACU should document under “Lines- Tubes- Devices”).

How to Change the Batteries

- The pumps require 2 AA batteries which are stored in the gray compartment on the bottom of the pump.
- After replacing the batteries, turn the pump back on and select “Resume Program” → Press the “Start” button.