POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber’s order under the specific circumstances set out in the INDICATIONS section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:
- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient’s prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded

The administering nurse/midwife must record the administration on the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent.

If the patient continues to require the medication (i.e. more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient’s condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Local anaesthesia and lubrication during urethral catheterisation or cystoscopy in adults

CONTRAINDICATIONS

Known hypersensitivity to amide type local anaesthetics (e.g. Bupivacaine, Levobupivacaine, Lignocaine, Prilocaine, Ropivacaine), other ingredients or any of the excipients.

PRECAUTIONS

Debilitated, elderly or acutely ill patients.
Patient has cardiac disease
Porphyric patients.
Skin is irritated or broken, mucosa is traumatised or local infection.
Use in pregnancy is safe (category A), and safe in small doses in lactation

HISTORY/ASSESSMENT

Assess precautions and refer to MO if present
Caution: CHECK for allergies and/or contraindications

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lignocaine 2% sterile gel</td>
<td>10 mL</td>
<td>Topical</td>
<td>Once</td>
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Inserting a urinary catheter is an aseptic procedure and requires the maintenance of asepsis throughout the procedure and for the duration of catheterisation. Adjust nozzle and expel air prior to use.

**Males:** Holding penis at right angle to body, insert the nozzle into urethral meatus ensuring a firm seal and slowly instil the gel into the urethra. Clamp the urethra and maintain seal for 2 to 3 minutes prior to procedure.

**Females:** Instil in small portions to fill the urethra and allow 3 to 5 minutes prior to procedure.

**MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS**

**Monitoring:** Be aware of the possibility of systemic absorption.\(^5\)

**Adverse Reactions:**
Systemic adverse reactions are rare and may result from high plasma levels due to excessive dosage or rapid absorption, or from hypersensitivity, idiosyncrasy or reduced tolerance on the part of the patient. Such reactions are systemic in nature and involve the central nervous and/or cardiovascular systems.\(^2\)

Drowsiness following administration of lignocaine is usually an early sign of a high blood level of the drug and may occur as a result of rapid absorption.

Central nervous system reactions can be excitatory and/or depressant and may be characterised by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred vision, vomiting, sensation of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and possibly respiratory arrest.\(^2\)

Cardiovascular reactions are depressant and may be characterised by hypotension, myocardial depression, bradycardia and possibly cardiac arrest.\(^2\)

Allergic reactions are rare: reports have included bronchospasm, chest pain, dyspnoea,
Lignocaine 2% sterile gel for urethral lubrication and anaesthesia during catheterisation or cystoscopy

pruritus, rash, oedema, rhinitis, increased sweating, urticaria, sleepiness, dizziness, paraesthesia and, in the most severe instances, anaphylactic shock.

Effects on the blood: Methaemoglobinaemia may occur.

Drug interactions:
Antiarrhythmic drugs. Lignocaine should be used with caution in patients receiving antiarrhythmic drugs such as mexiletine and amiodarone. Phenytoin and lignocaine have additive cardiac depressant effects.

DOCUMENTATION
A record of the administration must be made in the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent.
A further record of the medication administered including indication, dose and effect must be included in the patient’s health care record (or urinary catheter record)

PRACTICE POINTS
- Time to effect is up to 5 minutes.
- If gel contains chlorhexidine it is incompatible with soaps.

REFERENCES/FURTHER READING
1. PD2013_043 Medication Handling in NSW Public Health Facilities
2. Product Information Lignocaine 2% Gel (Pfizer) Mims online. Accessed 23/7/2015
5. NSW Health Safety Information 003/14 The risk of toxicity from topical anaesthetic products.

REVISION and APPROVAL HISTORY
<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Number</th>
<th>Author and Approval</th>
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<tbody>
<tr>
<td>July 2015</td>
<td>DRAFT</td>
<td>Pharmacy Department, Prince of Wales Hospital</td>
</tr>
<tr>
<td>September 2015</td>
<td>1</td>
<td>Approved by SESLHD Drug &amp; QUM Committee</td>
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