LIGNOCAINE SUB CUTANEOUS INFUSION FOR CHRONIC PAIN

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

LIGNOCAINE SUBCUTANEOUS MAY ONLY BE PRESCRIBED BY A CHRONIC PAIN CONSULTANT OR FELLOW

1. AIM

- To provide symptom relief for patients with chronic neuropathic pain disorders.

2. PATIENT

- Woman with diagnosed chronic neuropathic pain.

3. STAFF

- Medical and nursing staff

4. EQUIPMENT

- Dedicated pain management pump with locked box specifically programed to deliver infusion only.
- Appropriate giving set - straight with NO SIDE PORT
- Lignocaine 2% premix bag (100mL)
- Brown subcutaneous additive label & brown subcutaneous line labels
- Blue ANTT tray
- NSW Health Adult Fluid Order Chart (NH606582)

5. CLINICAL PRACTICE

- **Perform ECG on patient and ensure chronic pain consultant or fellow reviews same for conduction defects prior to commencement of lignocaine infusion[1]**
- Patients may be managed/nursed on the general ward.

Prescribing

- **Lignocaine subcutaneous may only be prescribed by a chronic pain consultant or fellow.**
- Prescribe infusion on NSW Health Adult Fluid Order Chart.
- Chart enough orders to last until the next medical review by the Chronic Pain Team. Medical reviews and recharting need to occur within 24 hours.
- Duration of treatment is usually between 5-7 days.
- Dosage – Appendix 1
- Observations – Appendix 2
- Adverse events and management – Appendix 3

6. DOCUMENTATION

- EMR
- NSW Health Adult Fluid Order Chart
- Gynaecological Clinical Pathway

…./2

LIGNOCAINE SUB CUTANEOUS INFUSION FOR CHRONIC PAIN cont'd

7. EDUCATIONAL NOTES

- Systemic local anaesthetic type drugs are effective in the treatment of chronic neuropathic pain states, particularly after peripheral nerve trauma[1]
- Lignocaine stabilises the neuronal membrane and prevents the initiation and transmission of nerve impulses.
- It is recommended that the patient has an ECG and a medical officer reviews the ECG for conduction defects prior to the administration of Lignocaine[1]
- This infusion presents a falls risk for the patient. Please refer to Falls Prevention and Management Policy below.

Contraindications

- Adams-Stokes Syndrome
- Wolff-Parkinson-White Syndrome
- Severe atrio-ventricular, sino-atrial, or intraventricular heart block not managed with a pacemaker.
- Sensitivity to amide-type local anaesthetics.
- Refer to MIMS for more information

8. RELATED STANDARDS / POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Prevention Infection and Control Policy - PD 2017/013
- Medication Handling in NSW Public Health Facilitates - PD 2013/043
- High Risk Medicines Management Policy - PD 2015/029
- User-applied Labelling of Injectable Medicines, fluids and lines - PD 2016/058
- Labelling of Injectable Medicines, Fluids and Lines
- Patient (Adult) with Acute Condition for Escalation (PACE) Criteria and Escalation
- Clinical Handover: Implementation of ISBAR Framework and Key Standard Principles - SESLHDPR/303
- Patient with Acute Condition for Escalation (PACE): Management of the Deteriorating ADULT and MATERNITY Inpatient - SESLHD PR/283
- Falls Prevention and Management for People admitted to Acute and Sub Acute Care - SESLHDPR/380

9. RISK RATING

HIGH

10. NATIONAL STANDARD

4- Medications

11. REFERENCES

1. Systemic administration of local anaesthetic agents to relieve neuropathic pain Cochrane Database
2. Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine. 2010, Acute Pain Management: Scientific Evidence. Third Edition
3. MIMS

REVISION & APPROVAL HISTORY

Endorsed Therapeutic & Drug Utilisation Committee 12/7/18

FOR REVIEW : AUGUST 2020

…./Appendices

APPENDIX 1

Dosing

DRUG & PRESCRIPTION	CONCENTRATION	SUB-CUT INFUSION RANGE [5]	STARTING DOSE
Lignocaine 2% (2000mg in 100mL premix bag)	20mg / 1mL OR 2000mg / 100mL	1mL – 5mL / hour OR 20mg – 100mg / hour	1mL / hour OR 20mg / hour
It is recommended to start the infusion at the low to mid-rate especially if the patient is prone to low blood pressure, and then titrate according to medical assessment			
Infusion rate may be increased after 12 – 24 hours depending on response. A medical Officer must prescribe this after review of the patient.			

APPENDIX 2

Patient Observations

- Perform blood pressure, heart rate, respirations and pain score every hour for four (4) hours then every four (4) hours whilst on infusion.
- Document patient observations on EMR

APPENDIX 3

Adverse Events and Management

- Observe patient for possible signs of systemic local anaesthetic toxicity which include:[8]
  - Light-headedness
  - Numbness of mouth and tongue
  - Tinnitus
  - Visual disturbance
  - Muscular twitching
  - Cardiovascular depression including hypotension and bradycardia
  - Drowsiness
  - Convulsions
  - Coma
  - Respiratory arrest
- Cease infusion if side effects occur and call PACE 1, PACE 2 or CODE Blue if necessary.
- Contact chronic pain team or APRS.