**Paramedic Pathway to Perform a Landmark Guided**

**Fascia Iliaca Compartment Block as part of the RAPID Trial**

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| **TASK** | **RATIONALE** |
| 1. Confirm indication for Fascia Iliaca Compartment Block [FICB] (using hip fracture assessment checklist tool)
 | To ensure inclusion criteria are met |
| 1. Explain the procedure and potential side effects of an FICB to the patient and carer/next-of-kin and ensure consent is taken (verbal)

Include: - Permanent nerve damage [very rare]* + Local anaesthetic toxicity [very rare]
	+ Local bruising, infection and bleeding [uncommon]
	+ Failure of blockade [5-20%]
 | To ensure the patient makes informed consent about receiving FICB |
| 1. Establish monitoring using Dinamap® (non-invasive blood pressure, pulse oximetry)
 | To facilitate recognition of any potential adverse events |
| 1. Record patient’s vital signs and pain score before providing analgesia. If the patient has cognitive impairment and is unable to verbalise a pain score, please provide a subjective pain score, and note on the patient clinical record that you have done so.
 | To provide baseline observations and assess efficacy of FICB |
| 1. Confirm patent intravenous access
 | To facilitate treatment of any potential adverse events |
| 1. Ensure that resuscitation equipment and emergency drugs are readily available before commencing FICB
 | To facilitate treatment of any potential adverse outcomes |
| 1. Assist the patient into the supine position with affected leg extended as much as possible.
 | To provide correct position of leg for FICB |
| 1. Undertake physical examination of patient’s lower limb. Confirm pulse in foot.
 | To detect FICB contraindications  |
| 1. Check correct side against patient’s notes and verbal confirmation if possible

**‘STOP BEFORE YOU BLOCK’**  | To confirm the correct leg is to be blocked |
| 1. Place one middle finger on Anterior Superior Iliac Spine [ASIS] and the other middle finger on the symphysis pubis. Divide the line using both index fingers into three equal parts as shown

 | To ensure accurate needle placement |
| 1. Mark the injection point 1cm below the lateral index finger
 | To facilitate block placement |
| 1. Confirm the femoral artery position is medial to the injection point (palpate femoral artery making sure it is at least 2cm medial to marked injection point)

 | To avoid complications |
| 1. Wash hands, prepare equipment and sterile field:
* Open dressing pack, syringes, needles, local anaesthetic etc
* Clean the skin from the ASIS to the pubic bone with provided skin preparation
* Wash hands
* Put on sterile gloves
* Draw up prilocaine 1% into 1 x 20ml and 1 x 10ml syringe and flush the extension line ensuring Bsmart pressure monitor positioned between syringe and needle.
 | To minimise the risk of introducing infection |
| 1. Insert the 18G block needle perpendicular to the skin at the marked point
* **Do not aim needle medially**
 | To prevent accidental damage / injection of the femoral nerve |
| 1. Advance the needle
* Advance through **two distinct pops** [loss of resistance felt following penetration of Fascia Lata and Fascia Iliaca]
* If pop not clear, bring needle back under skin and slightly change angle
* Once in position, the needle can be released
 | To ascertain correct placement of under the Fascia Iliacus muscle compartment  |
| 1. Aspirate and if no blood detected:
* Slowly inject Prilocaine 1% x 20ml total aspirating every 5 mls
* There should be no resistance to the injection. The Bsmart monitor should not progress into the yellow zone; if there is, pull back cannula slightly and retry injection

Correct placement is confirmed by: * No resistance to injection
* No appearance of subcutaneous swelling
* Onset of analgesia over 20-minutes
 | To reduce the risk of accidental intravenous injection and ensure correct placement of Prilocaine |
| 1. Change syringe and complete Prilocaine injection according to patient weight (total dose 30ml if >50kg body weight). Remove cannula
 | To prevent overdose of local anaesthetic |
| 1. Monitor and record patient observations over first 30-minutes

**NB** **The biggest risk of local anaesthetic toxicity is during the first 20 minutes following bolus administration** | Early detection of adverse effects |
| 1. Discard all sharps and used equipment, in accordance with WAST policy, in the appropriate containers i.e.
* Sharps box
* Clinical waste bin
 | To minimise sharps injuryTo allow for the correct disposal of possible contaminated equipment  |
| 1. Instruct the patient to inform the paramedic crew if they experience any tingling/numbness around the mouth, tinnitus and/or if they feel ‘strange’
 | Local anaesthetic toxicity or hypersensitivity reaction may occur after Prilocaine injection  |
| 1. Record the procedure on the trial documentation provided, indicating any problems or complications encountered and action taken
 | To ensure accurate records are maintained and adverse events can be investigated |
| 1. Advise the patient not to mobilise without the assistance of a staff member
 | Blockade of the motor nerves of leg may occur, limiting ability to mobilise safely |
| 1. When the patient is handed over to emergency department staff, please remind the triage nurse to take a pain score from the patient
 | To assess efficacy of the FICB |