

PROTOCOL FOR: Local Topical/Infiltration Anesthesia Procedures

- POLICY:
1. Patient receiving local topical/infiltration anesthesia only do not require a preoperative history and physical and may drive themselves or take public transportation (e.g. cab, bus) to and from their procedure, whether or not they are accompanied.
 2. All patients receiving local topical/infiltration anesthesia only in the OR will be monitored by an RN.
 3. The RN should monitor the patient's vital signs (heart rate and regularity, blood pressure, respiratory rate and oxygen saturation, comfort level, and mental status throughout the surgical procedure. The RN should also monitor the dose, route, and time of administration for all local anesthetic medications given to the patient during the surgical procedure. Any changes in the physiologic or mental status of the patient should be reported to the physician immediately. Standard monitoring is every 15 minutes, more often as appropriate.
 4. RNs who work in the operating room only are not authorized to administer medications by the IV route. If moderate sedation is required, the patient will undergo monitored anesthesia care (MAC) by an anesthesia provider.
 5. Patients who have moderate acute or uncompensated chronic disease or who have severe or morbid disease of any nature will not be done under local topical/infiltration anesthesia only and must be cared for by an anesthesia provider.
 6. The RN monitoring the patient will have working knowledge of the required monitoring equipment, including pulse oximeter and automated sphygmomanometer.
 7. The RN monitoring the patient will have a working knowledge of the usage, action, recommended and maximum dosage ranges, side effects of and contradictions to commonly used local / topical anesthetics (*see appendix*).
 8. Patients with cardiac pacemakers or automatic implanted cardiac defibrillators may only be done under local anesthesia if bipolar ESU is used. If a manufacturer's representative is present to deprogram / reprogram the AICD before and after surgery, monopolar ESU may be used.
 9. Because not all patients are candidates for local topical / infiltration anesthesia, a booking may be refused or canceled by nursing for any of the following reasons:
 - a. Local topical / infiltration anesthetic is not practical for the type of surgical procedure.
 - b. The patient is highly nervous, apprehensive, and excitable, or is unable to cooperate because of their mental state or age.

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c. The patient has unique physical characteristics that can influence his or her response to medications. Considerations include the patient's weight, age, medication tolerance, and the presence of disease.

The anesthesia clinical coordinator can serve as a resource *prn* to resolve questions related refusal or cancellation by nursing of any procedure performed under local topical / infiltration.

10. IV access should not be initiated for patients undergoing procedures performed solely by local / topical infiltration anesthesia because OR RNs are not authorized to administer medications by the IV route.

- DESIRED PATIENT OUTCOMES:
1. The patient will receive appropriate prescribed medications, administered safely.
 2. The patient will demonstrate and/or report adequate pain control throughout the perioperative phase.
 3. The patient will receive information and be informed about their postoperative care.

CLINICAL
ASSESSMENT
AND CARE:

PREOPERATIVE

1. Instruct patient about preoperative preparation:
 - a. NPO status - may have light intake (e.g. toast, crackers) and fluids without restriction day of procedure
 - b. medications - no restrictions unless indicated by physician
 - c. transportation - may drive self to and from facility for procedure, if necessary, but recommend responsible adult
 - d. arrival time - 30 minute lead time prior to scheduled procedure time
2. Have patient change into gown. Patient may leave clothing on from waist down if procedure to be done is above waist. Have patient remove shoes; provide slip-resistant footwear.
3. Put patient into lounge chair or stretcher, as appropriate / available.
4. Review the patient record for pertinent data, including but not limited to informed consent, and history and physical (optional but not required).

INTRAOPERATIVE

1. Conduct standard preoperative nursing assessment per protocol.
2. Assist patient in ambulating to OR / procedure area, or wheel patient there on stretcher.

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3. Monitor and document patient's vital signs and mental status every 15 minutes during procedure, or more frequently as patient's condition dictates (e.g. changes in mentation, diaphoresis, etc.).
4. Listen to patient reports and observe for behavioral changes with increasing anesthetic dosages, recognizing the following to indicate signs of central nervous system sensitivity or toxicity:

<i>Sensitivity</i>	<i>Toxicity</i>
• numbness of tongue	• thrashing about
• tingling about the mouth	• muscle twitching
• lightheadedness	• grand mal seizure
• tinnitus	• coma & respiratory arrest
5. Establish rapport with patient and assess his/her psychological response to procedure, providing emotional support and information as necessary.
6. Assess patient for pain control throughout procedure and report inadequate pain relief to the surgeon.

POSTOPERATIVE

1. Assist patient from OR to discharge area. Provide hand-off information to staff in that location, to be determined by space availability.
2. Assist patient into clothing, return any personal belongings
3. Provide postoperative instructions, per Patient Teaching below.

PATIENT

- TEACHING:
1. Orient patient to operating or procedure room, staff, and procedure steps, including but not limited to prepping, draping, and sequence of events.
 2. Instruct patient about local anesthesia blocking pain but not pressure receptors and to report inadequate pain relief during procedure.
 3. Instruct the patient to report any signs of central nervous system sensitivity during the procedure.
 4. Instruct patient regarding postoperative pain / medication management, procedure- or patient-specific considerations, and follow-up care.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/93

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