

Lidocaine infusion for pain management [4311]

Patient must be admitted to telemetry. Therapy is RESTRICTED to critical care, pain management, and anesthesiology.

Consider dose reduction of concurrent opioid doses prior to initiating lidocaine.

Absolute contraindications to lidocaine:

Heart block

Allergy to amide anesthetics

Shock with increased vasopressor requirements

Nerve blocks

Heart failure with ejection fraction less than 20%

Liver failure or post-liver transplant

Concomitant use of alpha-agonists (e.g. dexmedetomidine (PRECEDEX);

Concomitant use of beta blockers if HR LESS THAN 60 bpm. If HR GREATER than 60 bpm then may be able to administer per MD discretion.

Precautions: heart failure, hypoxia, bradycardia, severe respiratory depression, atrial fibrillation, hypovolemia, incomplete heart block, age 65 years or greater

Nursing

Nursing

[X] Neurological assessment for seizures, coma, apnea, tinnitus, vertigo, numbness of the tongue, drowsiness, restlessness at baseline, every 6 hours for 24 hours, followed by every 12 hours until discontinuation	Routine, Every 6 hours Assessment to Perform: for seizures, coma, apnea, tinnitus, vertigo, numbness of the tongue, drowsiness, restlessness at baseline for seizures, coma, apnea, tinnitus, vertigo, numbness of the tongue, drowsiness, restlessness at baseline, every 6 hours for 24 hours, followed by every 12 hours until discontinuation.
[X] Vital signs - T/P/R/BP	Routine, Every 4 hours For Until specified Baseline, every 30 minutes for 1st hour of lidocaine infusion, every 4 hours until discontinuation, and 30 minutes after the end of the infusion.
[X] Notify physician prior to administration of any opioids, sedatives, or hypnotics other than those ordered by the prescriber responsible for lidocaine therapy	Routine, Until discontinued, Starting S, Notify physician prior to administration of any opioids, sedatives, or hypnotics other than those ordered by the prescriber responsible for lidocaine therapy
[X] Notify physician if lidocaine infusion is discontinued by any service other than the ordering provider.	Routine, Until discontinued, Starting S, Notify physician if lidocaine infusion is discontinued by any service other than the ordering provider.
[X] Notify physician of respiratory rate less than 10 breaths per minute, severe and/or recent confusion or disorientation, somnolent and difficult to arouse (RASS LESS than -2), sustained hypertension (SBP GREATER than 180 mmHg) or tachycardia (HR GREATER than 110 bpm), sustained hypotension (SBP LESS than 100 mm Hg) or bradycardia (HR LESS than 60 bpm), excessive nausea and vomiting, significant increase in oral secretions, arrhythmias (New or increased frequency), lidocaine serum level GREATER than 5 mcg/ml	Routine, Until discontinued, Starting S, Notify physician of respiratory rate less than 10 breaths per minute, severe and/or recent confusion or disorientation, somnolent and difficult to arouse (RASS LESS than -2), sustained hypertension (SBP GREATER than 180 mmHg) or tachycardia (HR GREATER than 110 bpm), sustained hypotension (SBP LESS than 100 mm Hg) or bradycardia (HR LESS than 60 bpm), excessive nausea and vomiting, significant increase in oral secretions, arrhythmias (New or increased frequency), lidocaine serum level GREATER than 5 mcg/ml

Cardiology

Cardiology

[X] ECG 12 lead	Routine, Once, Starting S For 1 Occurrences Clinical Indications: Other: Other: Baseline prior to initiation of lidocaine Interpreting Physician:
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<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous, Starting S Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Significant arrhythmia Can be off of Telemetry for tests and baths? Yes Reason? Monitoring while on lidocaine IV therapy for pain management
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Labs

Labs

<input type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences Prior to initiation of lidocaine
<input checked="" type="checkbox"/> Lidocaine level	STAT, Starting H+10 Hours For 1 Occurrences
<input checked="" type="checkbox"/> Lidocaine level, every 12 hours x 3 (now level starts 22 hours after once stat level followed by every 12 hours for 2 more levels)	Now then every 12 hours, Starting H+22 Hours For 3 Occurrences

Medications

Lidocaine IV

<input checked="" type="checkbox"/> Pharmacy notification of lidocaine protocol	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> Lidocaine: For Patients LESS than 100 kg	
<input checked="" type="checkbox"/> lidocaine 2 g in 500 mL dextrose 5% pain management infusion	10 mcg/kg/min, intravenous, continuous Hold infusion and notify physician for respiratory rate less than 10 breaths per minute, severe and/or recent confusion or disorientation, somnolent and difficult to arouse (RASS LESS than -2), sustained hypertension (SBP GREATER than 180 mmHg) or tachycardia (HR GREATER than 110 bpm), sustained hypotension (SBP LESS than 100 mm Hg) or bradycardia (HR LESS than 60 bpm), excessive nausea and vomiting, significant increase in oral secretions, arrhythmias (New or increased frequency), lidocaine serum level GREATER than 5 mcg/ml This therapy is RESTRICTED to critical care, pain management, and anesthesiology specialists. Are you a specialist or ordering on behalf of one? This therapy is RESTRICTED to telemetry units. Is the patient located on a unit providing telemetry?
<input checked="" type="checkbox"/> Lidocaine: For Patients GREATER than or EQUAL to 100 kg	
<input checked="" type="checkbox"/> lidocaine 2 g in 500 mL dextrose 5% pain management infusion for	2 mg/min, intravenous, continuous Hold infusion and notify physician for respiratory rate less than 10 breaths per minute, severe and/or recent confusion or disorientation, somnolent and difficult to arouse (RASS LESS than -2), sustained hypertension (SBP GREATER than 180 mmHg) or tachycardia (HR GREATER than 110 bpm), sustained hypotension (SBP LESS than 100 mm Hg) or bradycardia (HR LESS than 60 bpm), excessive nausea and vomiting, significant increase in oral secretions, arrhythmias (New or increased frequency), lidocaine serum level GREATER than 5 mcg/ml This therapy is RESTRICTED to critical care, pain management, and anesthesiology specialists. Are you a specialist or ordering on behalf of one? This therapy is RESTRICTED to telemetry units. Is the patient located on a unit providing telemetry?

Management of adverse reactions

For ordering by provider in the event of adverse reactions

<input type="checkbox"/> Agitation and hallucinations (Hold Lidocaine infusion and notify MD)	
<input type="checkbox"/> LORAZepam (ATIVAN) injection	0.5 mg, intravenous, once, For 1 Doses Indication(s): Agitation,Other Specify: hallucinations

haloperidol lactate (HALDOL) injection 0.5 mg, intramuscular, once, For 1 Doses
Indication: Other
Specify: Agitation and hallucinations

Nausea and Vomiting

ondansetron (ZOFTRAN) IV or Oral (Selection Required) **"Or" Linked Panel**

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea, vomiting
Give if patient is able to tolerate oral medication.

ondansetron (ZOFTRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

promethazine (PHENERGAN) IV or Oral or Rectal **"Or" Linked Panel**

promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Lipid Rescue Therapy **"Followed by" Linked Panel**

soybean oil (Intralipid) (INTRAlipid) 20 % infusion 1.5 mL/kg, intravenous, for 1 Minutes, once, For 1 Doses
May bolus up to two times every 5 minutes if hemodynamic stability is not achieved.

soybean oil (Intralipid) (INTRAlipid) 20 % infusion 2.5 mL/kg, intravenous, for 10 Minutes, once, For 1 Doses
May increase to 0.5 mL/kg/min ideal bodyweight if hemodynamically unstable after 5 minutes. Continuous infusion for 10 minutes after hemodynamic instability is regained.
Max Dose: 10 mL/kg ideal bodyweight over the first 30 minutes.