

Lidocaine for Cardiac Arrhythmias [142]

Patient must be on telemetry monitoring

Ordering is restricted to cardiology, critical care, or emergency department physicians, fellows or midlevel practitioners

Precautions: patients with heart failure, cardiogenic shock, renal failure, or liver failure may require lower initial starting doses and closer monitoring for toxicity

Consider utilizing a bolus dose in patients with unstable ventricular tachycardia or in patients in cardiac arrest from VTach/VFib

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol)	Routine, Every 4 hours
<input checked="" type="checkbox"/> Neurological assessment	Routine, Every 4 hours Assessment to Perform: Level of Consciousness Every 4 hours for 24 hours then every 12 hours until discontinued. Monitor for seizures, coma, apnea, tinnitus, vertigo, numbness, drowsiness, restlessness.

Telemetry

<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes
<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

Notify

<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, Respiratory rate less than 10 breaths per minute. Severe and/or recent confusion or disorientation. Difficult to arouse (RASS < -2). Sustained hypertension (SBP > 180 mmHg) or hypotension (SBP < 100 mmHg). Tachycardia (HR > 110 bpm) or bradycardia (HR < 60 bpm). Excessive oral secretions. New arrhythmias. -Lidocaine level > 5 mcg/mL
--	--

Medications

Lidocaine for Arrhythmias (Selection Required)

<input type="checkbox"/> lidocaine 20 mg/mL IV bolus	intravenous
<input checked="" type="checkbox"/> lidocaine infusion for cardiac arrhythmia	intravenous, continuous

Management of adverse reactions

For ordering by provider in the event of adverse reactions

<input type="checkbox"/> Lipid Rescue Therapy	"Followed by" Linked Panel
---	-----------------------------------

<input type="checkbox"/> soybean oil (Intralipid) (INTRAlipid) 20 % infusion	1.5 mL/kg, intravenous, Administer over: 10 Minutes, once, For 1 Doses May bolus up to two times every 5 minutes if hemodynamic stability is not achieved.
<input type="checkbox"/> soybean oil (Intralipid) (INTRAlipid) 20 % infusion	2.5 mL/kg, intravenous, Administer over: 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.

Labs

Laboratory

<input checked="" type="checkbox"/> Lidocaine level	Once, Starting H+6 Hours For 1 Occurrences Draw lidocaine level 6 hours AFTER infusion is started.
<input checked="" type="checkbox"/> Lidocaine level	AM draw repeats with First Occurrence As Scheduled For 3 Occurrences
<input checked="" type="checkbox"/> Magnesium level	STAT For 1 Occurrences
<input type="checkbox"/> Magnesium level	AM draw repeats For 3 Occurrences