

LIGNOCAINE (A)

(Revised: June 2015)



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| TYPE: | 1. Local anaesthetic 2. Anti-arrhythmic [S4] |
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| PRESENTATION: | 50mg in 5ml – plastic ampoule |
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| ACTIONS: | 1. Local anaesthetic effects 2. Suppresses ventricular arrhythmias Onset SCI : 1 – 4 mins. Max effect: 5 – 10 minutes. Onset IV : 1 – 3 minutes. |
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| USES: | ICP | 1. Local anaesthesia prior to invasive procedures |
| | ICP | 2. VT with cardiac output, in patients who cannot have amiodarone |
| | ICP | 3. Flushing of a painful IO in an aware patient |

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| ADVERSE EFFECTS: | These effects are extremely unlikely in usual subcutaneous doses, especially if the syringe is continually aspirated. More likely if given IV. 1. <i>CNS effects</i> : stimulation followed by depression, drowsiness, agitation, muscle twitching, seizures, coma 2. <i>Cardiac effects</i> : hypotension, bradycardia, heart block, asystole |
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| CONTRA-INDICATION: | Known hypersensitivity. |
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continues over

LIGNOCAINE (A) – cont.



DOSES:

LOCAL ANAESTHESIA

ADULT and PAEDIATRIC:

ICP Up to 5ml subcutaneously

VT WITH CARDIAC OUTPUT

ADULT and PAEDIATRIC:

ICP 1mg/kg – slow IV / IO over 2 minutes

IO IN AN AWARE PATIENT

ADULT:

ICP 40mg through primed IO extension tubing, slowly over 2 minutes.
Allow lignocaine to dwell in IO space for 60 seconds, then flush with 5 – 10ml of normal saline. Repeat, up to twice, *if required* at 5 minute intervals: 20mg over 60 seconds.
Consider systemic pain relief for patients not responding to IO lignocaine.

PAEDIATRIC:

ICP 0.5mg/kg (to a maximum 40mg) through primed IO extension tubing, slowly over 2 minutes.
Allow lignocaine to dwell in IO space for 60 seconds, then flush with 2 – 5ml of normal saline. Repeat, up to twice, *if required* at 5 minute intervals: **half the initial dose**, over 60 seconds.
Consider systemic pain relief for patients not responding to IO lignocaine.