

Management of local anaesthetic toxicity in children: adapted from the latest ASRA adult guidelines

<https://www.pedsanesthesia.org/wp-content/uploads/2018/11/SPAPediCrisisChecklistsNov2018.pdf>

- Stop injecting the local anaesthetic and call for help
- Confirm or establish adequate IV access
- Maintain the airway and give 100% oxygen. Consider tracheal intubation and optimize lung ventilation
- Treat hypotension with small epinephrine dose (max 1 mcg kg⁻¹)
- If seizures occur give a benzodiazepine, Midazolam 0.05-0.1 mg kg⁻¹ min⁻¹ IV, while assessing cardiovascular status throughout

- Administer intravenous Intralipid as an initial bolus injection of 20% lipid emulsion 1.5 ml kg⁻¹ over a minute
- Start an infusion of 20% lipid emulsion at 0.25 ml kg⁻¹ min⁻¹
- Increase the infusion to 0.5 ml kg⁻¹ min⁻¹ if cardiovascular stability is not restored
- Repeat bolus every 3-5 min up to 4.5 mL/kg total dose until circulation is restored
- The total dose should not exceed 10ml kg⁻¹

- Recognize arrhythmias and or cardiac arrest: CPR /PALS/APLS guidelines.
- Continue chest compressions (lipid must circulate). May need prolonged compressions
- Consider alerting nearest cardiopulmonary bypass/ECMO centre and ICU if no return to spontaneous circulation after 6 min
- Monitor and correct acidosis, hypercarbia and hyperkalemia