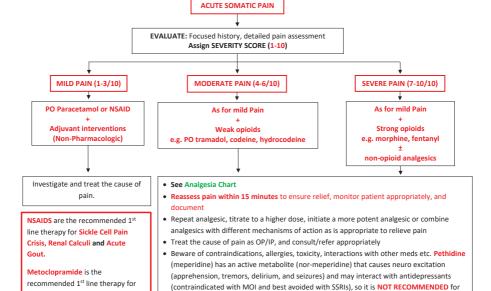
41. Pain Management Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



REGIONAL ANAESTHESIA

Acute Migraine Headaches

Indications

• Acute pain management for wounds, fractures and dislocations

ICF etc

- Alternative to procedural sedation
- Alternative to narcotics in certain patient populations (e.g. head injured patient, patients with concomitant mental status change, patients given buprenorphine)

repetitive use. It is also highly addictive.

• Use the PO, SC or IV route, except when that is not possible

• Adjuvant interventions include IMMOBILIZATION, SPLINTAGE, POSITIONING, ELEVATION,

Contraindications

- Allergy to local anaesthetic agents
- Active infection at the site of injection
- · Injuries at risk of compartment syndrome
- · Uncooperative patient
- Pre-existent neurologic deficit
- Anticoagulation (relative)

Technique - www.nysora.com

Types

- Wrist (Ulnar, Median and Radial nerve) block for the hand
- Digital nerve blocks for fingers and toes
- Femoral nerve block for the anterior thigh, femur, knee and skin anaesthesia over the medial aspect of the leg below the knee
- · Facial and dental nerve blocks
- · Ankle blocks for the foot
- Haematoma blocks

Anaesthetic - Lidocaine

- Dose 3mg/kg
- Onset of action < 2 mins
- Duration 60 mins

