Guidelines for Emergency Regional Anesthesia for Trauma Orthopedic Injuries

Block OK

- **Shoulder dislocation**
- **Clavicle fracture**
- **Proximal humerus fracture**
- **Low energy distal radius fracture**
- **Hand and digit injuries**
- **Hip fracture and dislocation**
- **Low energy foot and ankle fractures**

Contact orthopedic surgery as soon as possible for any patients to be admitted or patients who will require in ED consultation, but do not delay block placement.

Block after Consultation

- **Humeral shaft fracture**
- **Elbow fracture**
- **Both bone forearm fracture**
- **Femoral shaft fracture**

Perform and document detailed neurologic exam and consult with orthopedic service before block is placed.

No Block

High risk for compartment syndrome

- **Tibial fracture**
- **High emergency forearm fracture**
- **High Energy foot fracture**
- **Any injury with evidence of neurovascular injury or clinical concern for a possible compartment syndrome**

Perform block only after requested by Trauma and Orthopedic service attending.

Universal precautions

- Appropriate splinting, protection, icing of any injured extremity.
- Appropriate analgesic administration.
- Block placement should not delay other time sensitive interventions.
- Appropriate consideration of and patient discussion of the risks and benefits of any block.
- Documentation of consent.
- Thorough, detailed, and appropriately documented neurologic exam before block is performed.
- Thorough, detailed, and appropriately documented compartment exam before block is performed.
- Safe and sterile procedural technique appropriately documented including but not limited to: pre-procedure timeout with confirmation correct patient, indication, and side; appropriate patient monitoring; use of real-time ultrasound-guidance with avoidance of needle to nerve contact and vascular puncture; aspiration and small volume (3-5mL) injection of appropriately dosed local anesthetic.
- Presence of necessary resuscitation equipment and intralipid in case of local anesthetic toxicity reaction.
- Clear marking of blocked extremity and documentation of block details in the medical record.
- Verbal communication of block details with participating clinical teams prior to discharge or transfer from ED.
- Appropriate post block care of weakened or insensate extremity to prevent falls and limb injury.