

Patient ID Label :



Analgesia & Regional Anaesthesia for Hip Fractures

This form should be used as a checklist for regional anaesthesia blocks for patients with hip fractures.

Blocks should be considered in addition to standard analgesia in most hip fractures requiring on going pain control in the ED. Fascia Iliaca Block (FIB) is the preferred block tho femoral block may be an alternative depending on familiarity of technique.

Nerve Block Checklist

All equipment needed is in Hip Fracture Regional Anaesthesia Box stored in main clinical area. Please restock after use.

Time: _____ Person performing block: _____

Levobupivacaine 50mg / 10ml (ie 0.5%) is stocked for this procedure Dilute 1 vial with 10ml saline to give 20 ml of a 0.25% solution :

The block generally requires 40mls of 0.25% tho a dose reduction is required depending on weight. (see Table for maximum dose of Levobupivacaine)

1-2ml of 1% lidocaine can be used for local skin anaesthesia

Type of block

Fascia iliaca block (preferred) Total Dose (mg): _____
Femoral nerve block

| | | |
|--------------------|------|-------|
| Limb: | Left | Right |
| Consent: | Yes | No |
| Site Cleaned: | Yes | No |
| Ultrasound-guided: | Yes | No |
| Complications: | Yes | No |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|
| Pain score | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Pain score BEFORE Regional Block | | | | | | | | | | | |

| | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Pain score ON ADMISSION | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|

ED DOCTOR : _____ **Time of Referral :** _____

Once hip fracture is identified contact Ortho on call on pge 51267