



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: LOCAL ANESTHETIC CONTINUOUS INFUSION PAIN MANAGEMENT

POLICY NO. 383C

CATEGORY: Provision of Care	EFFECTIVE DATE: 10/16
POLICY CONTACT: Jennie Ung, PharmD	UPDATE/REVISION DATE: 1/21
REVIEWED BY COMMITTEE(S): Pharmacy and Therapeutics	

PURPOSE:

To outline the management of patients receiving Continuous Peripheral Nerve Block (CPNB)/perioperative pain management via infusion pump.

POLICY:

At Harbor-UCLA Medical Center, this policy pertains to Anesthesia providers who have been approved by their respective department, to perform and monitor Continuous Peripheral Nerve Block (CPNB)/perioperative pain management. This policy defines the procedure and responsibilities of members of the health care team involved in the management of the patients receiving Continuous Peripheral Nerve Block/perioperative pain management via infusion pump to ensure safe and effective patient outcome.

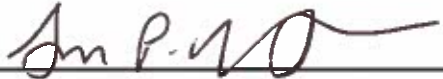
PROCEDURE:


A. General Procedures


1. CPNB/perioperative pain management shall be initiated and medically managed by a qualified provider.
2. The "ANES Peripheral Nerve Block Catheter Infusion (CPNB) Pump" Power Plan (or eHR downtime equivalent) must be used.
 1. Ropivacaine 0.2% (2mg/ml) will be drug of choice. Maximum total rate is 10 ml/hour. Maximum of two CPNB pumps per patient.
 2. Duration of therapy is limited to 72 hours.
 3. CPNB pump order shall not be renewed or refilled.
 4. CPNB pump must be discontinued and discarded prior to patient discharge.
3. The catheter must be inserted and removed by a qualified provider.
4. Dressing change may only be performed by a qualified provider.
5. Placement of catheter, flow restrictor, and occlusive dressing must adhere to the manufacturer's recommendations.
6. Drug reservoir may only be filled by Pharmacy staff; no other medications may be combined with local anesthetic in the CPNB pump.
7. Patients with CPNB pump catheter shall not be taken for MRI as the catheter is NOT MRI-safe.

REVISED: 12/16, 1/21

REVIEWED: 10/16, 1/21

APPROVED BY: 
 Anish Mahajan, MD
 Interim Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: LOCAL ANESTHETIC CONTINUOUS INFUSION PAIN
MANAGEMENT

POLICY NO. 383C

B. Provider Responsibility:

1. Explain the risks, benefits and indications for CPNB/perioperative pain management to the patient and obtain informed consent.
2. Insert the CPNB pump catheter and attach to the device as indicated.
3. Use power plan to order CPNB/perioperative pain management. Orders must include: drug, route, concentration, dose, monitoring parameters and provider notification parameters.
4. Indicate specific monitoring parameters based on medications administered, the condition of the patient and the patient's history.
5. Change dressing over catheter site.
6. Remove the CPNB pump catheter. Catheter integrity will be documented in the progress notes.
7. The qualified provider who initiated the CPNB pump catheter (or covering provider) will be readily available 24 hours a day for assistance with issues related to CPNB/perioperative pain management.
8. The qualified provider who initiated the CPNB pump catheter (or covering provider) will evaluate and document the patient's pain status, response to therapy, and/or complications every 24 hours and/or more frequently as needed.
9. CRNA may monitor and remove catheter per anesthesia provider's instruction.

C. Pharmacy Responsibility:

1. Process the order, fill and label the CPNB pump accordingly.
2. Pharmacy, in conjunction with the Pain Service team, will provide drug information to nursing staff as needed.

D. Nursing Responsibility:

1. Document the rate of CPNB pump in MAR.
2. Monitor vital signs, symptoms of local anesthetic's toxicity, and notify the provider as instructed.
3. See patient care protocol.

Revised and Approved by:
Medical Executive Committee – 1/2021

Janine R. E. Vintch, M.D.
Professional Staff Association, President