

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> VIII-108 LIPID INFUSION RESUSCITATION FOR LOCAL ANESTHETIC TOXICITY	<b>POLICY #:</b> 1263
	<b>VERSION:</b> 2
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<b>DATE APPROVED:</b> 08/10/2018	

### BACKGROUND/PURPOSE:

The infusion of lipid emulsion has been shown to be successful in resuscitation of patients from prolonged cardiac arrest following the use of Bupivacaine.

Lipid infusion should be used only after standard resuscitative measures have proven ineffective.

(Although small doses of Propofol might be of benefit to control seizure activity in the early stages of a toxic event, Propofol is contraindicated when there is any evidence of cardiac toxicity/cardiovascular collapse)

### PROCEDURE:

In the event of local anesthetic-induced cardiac arrest that is unresponsive to standard therapy, in addition to cardio-pulmonary resuscitation, intralipid 20% should be given intravenously (IV) in the following dose regimen:

1. Intralipid 20% 1.5 ml/kg over 1 min
2. Follow immediately with an infusion at a rate of 0.25 ml/kg/min
3. Continue chest compressions (lipid must circulate)
4. Repeat bolus after 3-5 minutes, up to 3ml/kg total dose, or until circulation is restored
5. Continue infusion until hemodynamic stability is restored. Increase the rate to 0.5 ml/kg/min if blood pressure declines.
6. A maximum total dose (bolus and infusion) of 8 ml/kg is recommended

(A reference card of "Lipid Rescue" is kept in the anesthesia cart by the intralipid bag)

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***In practice, in resuscitating an adult weighing 70kg:***

- *Take a 500ml bag of intralipid 20% and a 50ml syringe*
- *Draw up 50ml and give stat IV x2*
- *Then attach the intralipid bag to an IV administration set (macro drip) and run it IV over the next 15 minutes*
- *Repeat the initial bolus up to twice more – if spontaneous circulation has not returned*

If you use intralipid to treat a case of local anesthetic toxicity, please report it at [www.lipidrescue.org](http://www.lipidrescue.org).

<b>Original Date:</b> 06/09/2014
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