

5 Minute Flashcards

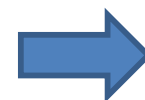
Card 12: Local anaesthetic toxicity

You are in a 'locals' list (no anaesthetist).
A patient is having an AV fistula created.
The procedure is challenging and the local has to be 'topped up' several times.

During the procedure, the patient complains of tinnitus and then becomes very agitated.

What is the likely cause?

- a) Respiratory acidosis
- b) The heebie-jeebies
- c) Local anaesthetic toxicity



If untreated, what could happen?



How should the team respond, and what is the management?



Where is intralipid kept?

Card 12: Local anaesthetic toxicity

C) Local anaesthetic toxicity!

Early symptoms are: agitation, confusion, dizziness, drowsiness, tinnitus, perioral numbness, metallic taste, slurred speech.

Toxicity may develop at any time within an hour of local anaesthetic. On a 'locals' list, you should know how to contact an anaesthetist (e.g. starred consultant)

- Seizures ● Loss of consciousness ● Arrhythmias
- Cardiac arrest. One of these can be the first sign without any 'early symptoms'. Yay.

Actions:

- Tell the surgeon – STOP INJECTING LOCAL ANAESTHETIC!
- Pull the emergency bell to get an anaesthetist (do you know where the emergency bell is?). Out of hours, consider a cardiac arrest call.
- Get the *AAGBI Local Anaesthetic Toxicity Guideline* (have a look at it now... it's on the wall in the anaesthetic room!)
- Then:
 - Designate Team Leader & Guideline Reader
 - Ensure the patient has a patent airway and give oxygen
 - Check monitoring is applied and check IV access
 - Follow the Guideline & treat with **Intralipid**
 - Start CPR/ ALS if you suspect cardiac arrest at any point

Intralipid is in the bottom drawer of Resus trolleys in adult and paediatric recoveries