



Management of Severe Local Anaesthetics Toxicity Guidelines

Procedure Number

CHC-PA-0006

Version Nos:

2

Signs of Severe Toxicity

- Sudden loss of consciousness, with or without tonic-clonic convulsions
- Cardiovascular collapse – sinus bradycardia, conduction blocks, asystole and ventricular tachyarrhythmias may all occur

Immediate Management

- Stop injecting the local anaesthetic (LA)
- **Call For Help**
- Maintain the airway and, if necessary, secure with tracheal tube
- Give 100% oxygen and ensure adequate lung ventilation
- Confirm or establish intravenous access
- Control seizures: give benzodiazepine, thiopental or propofol in small incremental doses
- Assess cardiovascular status throughout

Management of Cardiac Arrest Associated with LA Injection

- Start cardiopulmonary resuscitations (CPR) using standard procedure
- Manage arrhythmias using the same procedures
- Prolonged resuscitations may be necessary
- Consider treatment with lipid emulsion

Treatment of Cardiac Arrest with Intralipid 20% 70kg Patient

- Given an intravenous bolus of 100 ml
- Start an intravenous infusion at a rate of 400 ml over 20 minute
- Give two further boluses of 100ml at 5 min intervals and double the infusion rate if adequate circulation has not been restored

Remember

- Continue CPR throughout treatment with the lipid emulsion
- Recovery from LA-induced cardiac arrest may take more than one hour
- Propofol is not a suitable substitute for Intralipid
- Always replace Intralipid after use
- Report via WCHB Incident Reporting System and at LipidRescue™ site (www.lipidrescue.org)

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