

A&E Biers Block Proforma

Patient Name.....
Hosp. Number.....
Date of birth.....

Date:...../...../.....Time:.....hours

Doctor doing block:.....Reg/Cons

Doctor doing procedure:.....

Procedure:.....

Time	Temperature	Pulse	Blood Pressure	Resp Rate	Oxygen %	O ₂ Sats %	Weight

☐ **No Contra-indications: (if present do not do Biers block)**

Morbid obesity (as the cuff is unreliable on obese arms)

Peripheral vascular disease

Scleroderma

Sickle cell disease or trait

Methaemoglobinaemia

Procedures needed in both arms

Lymphoedema

Severe Hypertension

Raynaud's phenomenon

Epilepsy

Allergy to local anaesthetic

Uncooperative or confused patient

Infection in the limb

Children

Preparation Checklist	<input checked="" type="checkbox"/>
Consent form completed	
ECG and pulse oximeter monitoring in situ	
IV access on normal side	
IV access on the side to be anaesthetised with blue cannula	
Cuff checked for leaks by inflating it for 5 mins	
Patient obs recorded	
Patient weight in kg:.....	

Time cuff inflated:.....Time cuff deflated (>20mins):.....Total time:.....

Pressure set on cuff (300 or 100 above systolic):.....

Volume of 1% Prilocaine used (3mg/kg):.....mg =.....ml (plus equal ml saline flush) (see table PTO)

Comments: (complications etc)

Signed:

Time:

Date:

Appendix:

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Procedure:

- ✓ ONLY use prilocaine (without preservative)
- ✓ Elevate the injured arm for three minutes to exsanguinate the limb
- ✓ Inflate the cuff to 100mmHg above the systolic BP or to 300mmHg (Whichever is greater)
- ✓ Record the time of inflation
- ✓ Check for the absence of radial pulse
- ✓ Inject 0.5% plain prilocaine, prepared according to patient weight, slowly and record the time of injection (or 1% with equal volume normal saline)
- ✓ Warn the patient about the cold/hot sensation and mottled appearance of the arm
- ✓ Check for anaesthesia, may have touch but not pain, after five minutes
- ✓ If anaesthesia inadequate, flush cannulae with 10-15ml normal saline
- ✓ Remove the cannula
- ✓ Lower arm on to a pillow and check tourniquet not leaking.
- ✓ Perform the procedure and obtain check x-ray
- ✓ Tourniquet must be under observation at all times
- ✓ Watch for signs of toxicity
- ✓ The cuff must be inflated for a minimum of 20 minutes and a maximum of 45 minutes
- ✓ If satisfied with the post reduction position of fracture, deflate the cuff observing the patient and monitor
- ✓ Record the time of deflation
- ✓ Observe the patient and limb closely for signs of delayed toxicity until fully recovered
- ✓ Check limb circulation prior to discharge
- ✓ Arrange patient follow up and analgesia as appropriate

Prilocaine 1% Dosing IN MLS (add same amount mls of saline flush to make it 0.5%):

Wt (kg)	0	1	2	3	4	5	6	7	8	9
30	9	9.3	9.6	9.9	10.2	10.5	10.8	11.1	11.4	11.7
40	12	12.3	12.6	12.9	13.2	13.5	13.8	14.1	14.4	14.7
50	15	15.3	15.6	15.9	16.2	16.5	16.8	17.1	17.4	17.7
60	18	18.3	18.6	18.9	19.2	19.5	19.8	20	20	20
70	20	20	20	20	20	20	20	20	20	20

If any features of minor Prilocaine toxicity during the procedure or after tourniquet release

- ✓ Note cuff pressure and inflate the cuff to 100mmHg above the pre operatively recorded blood pressure
- ✓ Commence oxygen and IV Fluids
- ✓ Prepare to treat serious features
- ✓ Enlist senior and anaesthetic help

Reference:

College of Emergency Medicine: Clinical Effectiveness Committee: Intravenous Regional Anaesthesia for Distal Forearm Fractures (Bier's Block)