

**Vancouver Coastal Health**  
 VA: VGH / UBC / GFS  
 VC: BP / Purdy / GPC

**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**HIP BLOCK POST-PROCEDURE MONITORING ORDERS**

(items with check boxes must be selected to be ordered)

**(Page 1 of 1)**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Time Processed  
 RN/LPN Initials  
 Comments

**BLOCK TYPE:**

- ☐ PENG block, \*OR\*  
☐ Fascia iliacus block, \*OR\*  
☐ Femoral nerve block

**BLOCK SITE:**

- ☐ Right hip \*OR\* ☐ Left hip

**BLOCK TECHNIQUE**

- ☐ Single shot \*OR\*  
☐ Continuous Peripheral Nerve Block (CPNB) infusion to start on surgical unit pre-op. See POPS NERVE BLOCK ORDERS (#539) PRE-PRINTED ORDER

**BLOCK INSERTED BY:**

- ☐ EM physician \*OR\* ☐ Anesthesiologist

**BLOCK INJECTED ON:** \_\_\_\_\_ (date) **AT:** \_\_\_\_\_ (time)

**LOCAL ANESTHETIC:** \_\_\_\_\_ (name and % strength) **VOLUME:** \_\_\_\_\_ (mL)

**MONITORING:**

**Baseline:**

Blood pressure (BP), Pulse (P), Respiratory Rate (RR), SPO2, temperature, pain assessment, Pasero Opioid Sedation Scale (POSS) or Richmond Agitation Sedation Scale (RASS) in ED, neurovascular assessment of affected limb

**First 30 minutes post-procedure:**

Continuous cardiac monitoring;  
 BP, P, RR, SpO2, Q15MIN x 2;  
 Signs and symptoms of local anesthetic (LA) toxicity Q15MIN x 2 (See page 1a);  
 Pain intensity, POSS or RASS in ED, neurovascular assessment of affected limb Q30MIN x 1

**Patient eligible for transfer to non-monitored bed in ED/PCU or surgical ward if appropriate:**

30 minutes post procedure: vital signs as per baseline or within normal limits, no signs of local anesthetic toxicity, and no contraindications to being off continuous monitoring.

**If CPNB performed:**

Assess insertion site Q12H;  
 Neurovascular assessments as per Orthopaedic Neurovascular Assessment (D-00-12-30065) surgical pathway: <http://shop.healthcarebc.ca/vch/VCHDSTs/D-00-12-30065.pdf>

**Notify EM physician or Anesthesiologist in Charge (x54472) of signs and/or symptoms of local anesthetic toxicity (See page 1a).**

Prescriber's Signature

Printed Name

College ID

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**Signs and Symptoms of Local Anesthetic Toxicity**

<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
<ul style="list-style-type: none"><li>• Perioral numbness and tingling</li><li>• Metallic taste in mouth</li><li>• Ringing in the ears</li><li>• Lightheadedness</li><li>• Dizziness</li><li>• Visual disturbances</li><li>• Confusion</li></ul>	<ul style="list-style-type: none"><li>• Nausea and vomiting</li><li>• Severe dizziness</li><li>• Decreased hearing</li><li>• Tremors</li><li>• Changes in heart rate &amp; BP (hypo/hypertension)</li><li>• Confusion</li></ul>	<ul style="list-style-type: none"><li>• Drowsiness</li><li>• Confusion</li><li>• Muscle twitching</li><li>• Convulsions</li><li>• Loss of consciousness</li><li>• Cardiac arrhythmias</li><li>• Cardiac arrest</li></ul>