

## Preop Block Protocol

### PREOPERATIVE BLOCKS

Preoperative Adductor Canal Blocks(ACB) are performed for knee replacements.The *Preop* nurses have enthusiastically been preparing for helping anesthesiologist to perform blocks. There are **Designated Block Nurses** that have volunteered to be involved. They have received lectures on the ACB and LAST, completed competency testing regarding LAST and received hands on training in the performance of time out, ultrasound usage and injecting local anesthetics for ACB. Additionally, they have familiarized themselves with the block cart and airway equipment. Our **gentle guidance** is needed throughout this process.

#### The Following Points Are Of Importance:

1. Adductor Canal Blocks will be completed within **15 minutes** prior to time scheduled to be in the OR. If the first case is a knee with a 7 am start, the ACB should be done at **6:45**. **For All Subsequent Blocks**, they should be performed in *Preop* 15 minutes before the scheduled time unless there is a delay in any previous cases. We must be proactive in gathering information regarding the timing of starting blocks in effort to prevent any delays. **This is a Team effort.**
2. **Once the block is completed, the patient should be taken directly to the OR with O2. \*\*YOU ARE REQUIRED TO BE WITH YOUR PATIENT ONCE SEDATION IS GIVEN\*\*.** Communicate your anesthetic plan with the circulating RN and the block nurse. If there are patients that seem difficult to manage in *preop* or intraoperatively ( for example: Obese/Difficult Airway/Difficult Spinal/Advanced Intraop Monitor Placement ), consider blocking a little earlier or later in the PACU or on the floor. Leigh and Tess can help in managing flow in *preop*.
3. The circulating RN will see the patient immediately for the first case and confirm the consent, marking of site and complete patient evaluation. Then, they will go directly to the OR to set up for the case. For the subsequent cases, the circulating RN will see the patient immediately in *Preop* upon leaving the PACU from the previous patient , then proceed to the OR to set up for the next case.This allows time to preoperatively evaluate your patient, check readiness in your room and evaluate timing to perform blocks. **Communication as a Team is Imperative.**

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4. A **block cart** is available that contains needed supplies. Its daily position will be located by the back desk in *preop*. *Please lock after use*. The first drawer will contain local anesthetics and **Lipid Emulsion 20% Rescue**. The second drawer will contain standard anesthesia tray of drugs. Supplies needed to perform the block will be in subsequent drawers. The bottom drawer contains airway management supplies. You can retrieve your needed supplies from the main block cart and set up for your block utilizing the smaller cart in the preop bay. An US will be available in the bay for use.

**\*YOU WILL BE RESPONSIBLE FOR YOUR BLOCK SET UP\***

5. Versed (2cc vials) and Fentanyl (2cc vials) will be in the Preop Omnicell for sedation. Ativan is also available in 2mg/cc vials for additional treatment in case of seizure activity. In an emergency the *preop* RN can retrieve Versed or Ativan. Location of the drugs in the Omnicell, prevents you carrying anything in your pocket from the OR

6. **Exparel** will be drawn up into 2 syringes (10cc each) for knee patients by the OR Pharmacist in the morning. This allows a 12 hour expiration of use. Exparel will be picked up by the OR nurse. You can retrieve your syringe of Exparel for your patient from the OR nurse and take it directly to *Preop*, prior to performing your block. Do not walk around with it in your pocket. **Only Yun and Snibbe use Exparel for ACB.**

7. ETCO2 monitoring capabilities are available. There is one Philips ETCO2 module that can be attached to the standard module and placed back on the Philips monitor. You have to slide open the part where the CO2 tubing can connect to it. Microstream CO2 tubing can be used (just cut off the circuit connector). A few CO2 tubings will be placed in the block cart for use. (See picture below). There is also a portable monitor in the anesthesia work room that is capable of CO2 monitoring.



8. **Review LAST treatment protocol.** Up To Date has an excellent review of LAST and can be accessed via EPIC. A copy of ASRA checklist for treatment has been included and is affixed to the top of the block cart. **Lipid Emulsion 20% Rescue is in the Block Cart** . Time is of the essence. **TREAT EARLY AND QUICKLY**

9. If you have an emergency that requires resuscitation, a [Code Blue](#) should be initiated

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10. A **Preop Block with OR Anesthesia** MACRO in EPIC has been developed that documents flow from Preop to the OR. The events are linked closely with billing as well as flow of anesthetic provision as we proceed from a block in *Preop* and continue our anesthetic (Spinal or General) in the OR. The most commonly used Anesthetics for Regional Blocks, Spinal and General are incorporated . A copy of the Tips and Tricks for the MACRO is included. Please familiarize yourself.

11. **Regarding Dr Ehrhart's ACB** : All Exparel is used for PAI . For ACB give 15mL of 0.25% Bupivacaine w/epi (or the equivalent dose of Ropivacaine). Patients from 50kg and up can get the same dosing without having to adjust for weight with each case .

12. Below is an outline of Preoperative Block Flow from *Preop* to the OR for your review.

## Preop Block Protocol

Preoperative Evaluation By Preop Nurse/Patient Consented For Procedure/ Standard ASA Monitors Are Placed / Initial VS Taken And Documented.

Surgeon Marks Site

Circulating Nurse Evaluates Patient /Confirms Consent and Surgeons Site Mark

Patient Ready For Block(Standard Monitors applied)/O2 Placed/US Available/Cart available in *preop* bay to setup for block

Anesthesiologist retrieves Exparel and supplies from Block Cart/ Retrieves Meds From Omnicell/Evaluates Patient/Places "Block" On Site To Be Blocked

Open MACRO [ Preop Block w/OR Anesthesia]—>Anesthesia Start(Starts the collection of VS/Starts Billing Time) —> O2 for patient. Sedate patient —>Draw Up Local Anesthetics For Block and Label Syringe—>Pain Procedure Start

TIME OUT

Perform Block ( Remember Photos To Document Injection)

MACRO: Pain Procedure End—> Anesthesia Pause( This will disconnect the patient from the preop monitor)

Patient To OR with Oxygen

MACRO: Anesthesia Checkout—> Anesthesia Resume ( Connects patient to OR monitor) —> Spinal or General Anesthetic