

Fascia Iliaca Compartment Block Proforma

Note this guide is for clinicians trained to perform FIB, do not use if you have not seen or performed a block before, ask a senior

Name:
DOB:
MRN:
NHS no:

You must be familiar with the 'Management of Severe Local Anaesthetic Toxicity' protocol and the location of Intra-lipid before starting this procedure

Contraindicatons	Yes/No
Patient with capacity refuses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Infection at nerve block site	Yes <input type="checkbox"/> No <input type="checkbox"/>
If on warfarin or history of coagulopathy check INR before preceding with non-USS guided technique (If INR >1.5 or NOAC request USS guided approach from senior)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous vascular femoral surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergy to local anaesthetic	Yes <input type="checkbox"/> No <input type="checkbox"/>
High risk of compartment syndrome (e.g. massive thigh swelling)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Weight based dose of local anaesthetic for FIB

Weight (kg)	Levo-bupivacaine Total mg	Levo-bupivacaine 0.5% ml	Normal Saline (mls)	Indicate which dose used
40	80	16	24	<input type="checkbox"/>
45	90	18	22	<input type="checkbox"/>
50	100	20	20	<input type="checkbox"/>
55	110	22	18	<input type="checkbox"/>
60	120	24	16	<input type="checkbox"/>
65	130	26	14	<input type="checkbox"/>
70	140	28	12	<input type="checkbox"/>
75	150	30	10	<input type="checkbox"/>

Check which concentration you are using as different concentrations are available: **0.5% = 5mg/ml and 0.25% = 2.5mg/ml** - All doses of local anaesthetic are made up to 40 mls maximum volume

Pain Score - aim to re-check at 30, 60 and 120 mins

Time	Pre block	Post block score (1)	Post block score (2)	Post block score (3)
Mild (1-2)				
Mod (4-6)				
Severe (7-10)				

Date	Time performed	Practitioner

**Document block on front of patient drug chart
Do not repeat block if unsuccessful, titrate IV morphine**



Invasive procedure checklist for EDs

DO THIS checklist for all invasive procedures
Including chest drain, central line, LPs, all cases
with sedation.

1) Immediately before the procedure (includes 'Sign In')

'Time Out'

- Confirm Patient Identity
- Team – allocate roles

Procedure

- Consent?
- Site marked if required?
- Correct proforma used?
- Imaging Reviewed?
- Equipment confirmed?
- Monitoring applied?
- Medication prepared?
- Airway assessment?
- Additional Support required?

- Allergies?
- Coagulopathy?
- Blood loss risk?
- Retained guidewire risk?

2. Procedure:

Repeat 'Time Out'
if any changes to
team or patient

3. After the procedure

'Sign Out'

- Has the procedure been recorded?
- Guidewires/swabs/sharps accounted for?
- Have the specimens been labelled and sent?
- Any equipment problems?
- Key concerns for continuing care?
- Do we need to debrief?

National Safety Standards for Invasive
Procedures (NatSSIPs)

NHS
England



Method: Fascia Iliaca Block (FIB) - Landmark/ Non-USS

Local anaesthetic dose:

2mg/kg maximum (use ideal body weight) of
Levobupivacaine (Chirocaine), Max dose 150mg/ml
total

Background:

- Landmark technique
- Based on sensation of 'pops' as the needle passes through two distinct fascia
- Large volume to aid spread to encompass all nerves

Technique:

- Identify the ASIS and pubic tubercle
- Along this line divide into 'thirds'
- Mark the junction of the lateral and middle third
- around 1cm inferior to this is the anticipated injection point
- Note you should be well below the inguinal ligament
- The femoral artery should be more medial in location, palpate to ensure safe distance
- Use the plastic cap from a needle to make a temporary mark of your insertion site
- Clean using chlorhexidine applicator and leave to dry

- After preparing the LA into 2 x 20ml syringes, attach a blunt green needle (scratch the bottom of plastic gallipot to blunt) or use red fill needle
- Advance needle perpendicular to skin, once through skin direct cranially
- There will be two distinct 'pops' as the needle perforates first the fascia lata then fascia iliaca
- Aspirate before injection and after every 5ml injected, there should be no resistance, pain or parasthaesia
- Inject 20mls then leaving the needle in position swap syringe and inject the remaining 20mls
- You can also use a 50ml syringe if preferred although this can be more cumbersome

What will you need?

- Appropriate volume of local anaesthetic and normal saline to make 40 mls total
- 2 x Green needle - one for drawing up and one for insertion (alternatively red fill needle)
- Dressing pack
- 2 x 20ml syringes, or 1 x 50ml
- Chlorhexidine applicator