

COSBART by Salford Royal Foundation Trust

Local Anaesthetic Toxicity Scenario

You are anaesthetising a 24 year old Professional Footballer who has a fractured shaft of femur. He is terrified that he will be in even more agony post operatively, so you offer him a femoral nerve block prior to administering a GA. Standard monitoring and venous access are established.

You use a nerve stimulator to aid locating the nerve, and after witnessing quadriceps twitches, you ask your ODP to inject a 20ml solution of 0.5% bupivacaine. She begins to inject the solution, however, after 15mls of LA has been injected, the patient says he feels a strange tingling around his mouth, then groans and his eyes roll skywards. Immediately following this, he has a tonic clonic fit.

What do you do?

[AAGBI Guidelines](#)

Call for help

Assess ABCDE

The fitting has stopped with the anticonvulsant you administered, however, the ECG monitor (check leads) shows what appears to be asystole.

What do you do now?

CPR using standard protocols, consider cardio pulmonary bypass, consider lipid rescue

Remember to continue resuscitation > 1hour