Ultrasound-Guided Fascia Iliaca Compartment Block (FICB)

Any of the following present?
1) Neurologic deficit
2) Multisystem Trauma
3) Allergy to local anesthetic
*Anticoagulated patients – physician discretion

Yes

No

**Standard Care**
1) PO acetaminophen (1,000mg)
2) Consider 0.1 mg/kg morphine or opioid equivalent
3) Screening labs, CXR, ECG, type and screen
4) Consult orthopedics and medicine as necessary

**Procedure Details**
1) Document distal neurovascular exam in EPIC
2) Consult ortho (do not need to await callback)
3) Obtain verbal consent from patient
4) Position Patient and U/S Machine
5) Order Bupivacaine (dose dependent)
   a. Max 2 mg/kg
   b. i.e. 100 mg safe for 50 kg patient
6) Standard ASA monitoring (telemetry during procedure with continuous pulse oximetry, BP measurement, and IV access)
7) Perform FICB
8) Inform patients on block characteristics:
   a. Onset ~ 20 minutes
   b. Duration ~ 8-12 hours

**Counseling**

**Benefits**
Decreases:
1) Pain
2) Delirium
3) Opioids
4) Hypoxia

**Risks**
1) Pain at injection site
2) Temporary nerve palsy
3) Intravascular injection
4) Local Anesthetic Systemic Toxicity * (LAST)

*LAST (local anesthetic systemic toxicity)*
1) Rare and only with intravascular injection which an ultrasound guided approach prevents.
2) Signs include arrhythmias, seizures, convulsions
3) Treatment
   a. Supportive and standard care
   b. Consider Lipid Emulsion therapy in cardiovascular collapse (found in Pyxis MedStation)
   (1.5 ml/kg bolus then infusion)

This guideline was ratified by the Emergency Department faculty at Maine Medical Center in December 2014. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers’ clinical judgment.

Produced by: Peter Croft, M.D.
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References