

<b>Policy/Procedure Name:</b>	<b>Adult Administration of Topical Anaesthetics MEDICAL DIRECTIVE</b>
<b>Manual:</b> Medical Directives	<b>Number:</b> ED-008
<b>Section:</b> Emergency Department	<b>Effective Date:</b> 01 JAN 2009
<b>Pages:</b> 1 of 2	<b>Revision Date:</b> 12 JUN 2024

<b>Order and/or Delegated Procedure:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Lidocaine Jelly 2% or Lidocaine Spray: <ul style="list-style-type: none"> <li>Lidocaine Jelly 2%; 200mg/10mL approx. 5 minutes prior to urinary catheter/NG tube insertion. May repeat x 1 to maximum of 400mg.</li> <li>Lidocaine spray: 2-3 sprays can be substituted for Lidocaine Jelly pre NG insertion.</li> </ul> 2. LET (Lidocaine, Epinephrine, & Tetracaine) <ul style="list-style-type: none"> <li>LET; apply to lacerations 30 minutes prior to suturing or stapling.</li> </ul> 3. Ophthalmic Anesthetic Eye Drops (Alcaine 0.5%, Tetracaine,) <ul style="list-style-type: none"> <li>Ophthalmic Anesthetic eye drops to affected eye x 1.</li> </ul> 4. EMLA (Lidocaine 2.5% & Prilocaine 2.5%) about the size of a 25 cent piece.	
<b>Recipient Patients:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Recipient patients include any adult patient > 18 years of age presenting to the ED prior to first contact with the attending physician. Medications will be administered from the period beginning when a patient arrives in the ED to first contact with the attending physician unless the attending physician specifically orders implementation of the directive beyond that period.	
<b>Authorized Implementers:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
All ED RN & RPN nurses and designated staff who have successfully completed the relevant ED Medical Directive orientation.	
<b>Indications:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Signs and symptoms of, or including one or more of the following: For Lidocaine Jelly 2% or Lidocaine Spray: <ul style="list-style-type: none"> <li>Any patient requiring urinary catheterization.</li> <li>15 grams of 2% xylocaine gel on Road Rash prior to cleaning</li> <li>NG tube insertion</li> </ul> For LET: <ul style="list-style-type: none"> <li>Lacerations requiring suturing that do not extend beyond the dermis.</li> </ul> For Ophthalmic Anesthetic Eye drops: <ul style="list-style-type: none"> <li>In anticipation of Morgan Lens insertion</li> </ul> For pain caused by any of the following: <ul style="list-style-type: none"> <li>Foreign body</li> <li>Chemical splash</li> <li>Thermal injury</li> <li>Corneal abrasion</li> </ul> For EMLA: <ul style="list-style-type: none"> <li>For venipuncture</li> <li>Pre IV insertion</li> </ul> <b>Contraindications:</b> For Lidocaine Jelly 2% or Lidocaine Spray: <ul style="list-style-type: none"> <li>Allergy to lidocaine or other amide-type topical anesthetics (e.g. articaine, bupivacaine, prilocaine, mepivacaine, ropivacaine)</li> <li>Urethral trauma or known structural abnormality.</li> </ul> For LET: <ul style="list-style-type: none"> <li>Laceration to ear, nose, fingers, toes, penis, mucous membranes</li> <li>Significant injury to underlying structure (bond, cartilage, tendons, nerve and vessels) beneath the dermis.</li> <li>Known allergy or sensitivity to any compound components.</li> </ul>	

<b>Last Reviewed Date:</b> 07/12/2024 00:00:00	<b>Signing Authority:</b> Medical Advisory Committee
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<b>Next Review Date:</b> 07/12/2027 00:00:00	<b>Version:</b> 4.0
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- Penetrating injury
- Known allergy to ester-type agents (amethocaine, benzocaine, proparacaine, chloroprocaine, cocaine, procaine)
- Known allergy or sensitivity to other eye drop ingredients

For EMLA:

- Known allergy or hypersensitivity to any compound components.
- Do not use on neonates with gestational age < than 37 weeks.
- For intact skin ONLY

<b>Consent:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Staff implementing the directive will obtain consent in accordance with the Health Care Consent Act and any relevant hospital policies and procedures.		
<b>Guidelines for Implementing the Order or Procedures:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Apply EMLA cream, and cover with Opsite. Check w/product instructions for application time: remove after 1 hour to minimize side effects Nurse to ensure that patient has been identified properly and has armband applied.		
<b>Documentation &amp; Communication:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Implementing staff document: <ul style="list-style-type: none"> <li>• Medication order (including name of medication, dose, route, time of administration) in the order section of the patient record, noting the medical directive name,</li> <li>• Administration, indications for administration, and patient response in accordance with hospital recordkeeping policies</li> </ul>		
<b>Review &amp; Quality Monitoring Guidelines:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Every 2 years		
<b>Administrative Approvals (as applicable)</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Medical Advisory Committee		
<b>Approving Physician(s)/Authorizer(s):</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Emergency Medical Director		

### Notes

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