Recommendations on IV Lidocaine Infusion as a Pain Adjunct to GA
Nina Weber & Micah Scott OHSU SRNA Presentation

- Use for patients with anticipated visceral pain (abdominal/gynecological sx)
- Initiate therapy 30 min. prior to Noxious Stimuli (Incision)
- Bolus 1.5mg/kg (Always dose off of Ideal Body Wt.)
- Start IV gtt at 2mg/kg/hr (use IBW)
- Expect to use less or equal amount of opioids & slightly less inhaled anesthetic
- Consider PO and IV multi-modal adjuncts
- Turn infusion off 30min prior to emergence
- Titrate opioids in PACU starting at low doses
- Leave written orders & explanation in PACU of anticipated lower and less frequent opioid doses
- Share knowledge with co-workers/nursing staff/attending MD of expected benefits

- Benefits; anti-inflammatory benefit prior to inflammation process without concerns for bleeding like toradol, up to 66% less pain in some patients, 50% less opioid use with decreased pain/opioid benefits lasting as long as 72hrs, cheap adjunct (<2$) and helpful with recent drug shortages, decreases postoperative complications in bowel surgery, inhalation agent sparing (10%), or quicker discharge times

Sources:


- Many others- it is well researched and not a new therapy give it more than one chance using it correctly or research it yourself.