CROYDON UNIVERSITY HOSPITAL – CROYDON HEALTHCARE NHS TRUST
Accident and Emergency Department

PROTOCOL FOR ANALGESIA OF PATIENTS WITH SUSPECTED FRACTURED NECK OF FEMUR

1. INITAIL ANALGESIA

1st Line

Paracetamol 1g iv (consider using reduced dose of 20mg/kg in low weight/frail patients)

2nd Line – adequate analgesia not acheived

Fentanyl up to 2μg/kg – titrated in aliquots of 10 – 20 μg iv

Rationale: iv paracetamol is a very effective first line analgesic. Elderly patients can be very sensitive to the effects of opiates resulting in confusion and respiratory depression. Long acting opiates (eg. Morphine should be avoided if possible)

2. X-RAY

Confirm diagnosis by obtaining appropriate imaging
Ensure adequate analgesia to allow comfortable transfer, moving and handling and positioning to allow departmental Xrays

3. FASCIA ILIACA COMPARTMENT BLOCK

Rationale: Long term analgesia with fascia iliaca nerve block results in superior, dynamic analgesia, and avoids the unwanted effects of opiates in elderly patients and those with respiratory disease

Contraindications

Patient refusal
Unknown cause of pain: always confirm on XR a fracture is present
Anticoagulation or bleeding diathesis
Previous femoral vascular surgery
Local inflammation or infection at the injection site

Equipment/drugs required

Chlorhexidine spray or cleaning stick "chloroprep"
20 ml syringe, drawing up needle
10ml 2% lignocaine, 10ml 0.5% bupivicaine (plain)
Blunt nerve block needle
Sterile gloves and sterile basic procedure pack

Anatomical / landmark technique (performed aseptically)

- Clean skin with chlorhexidine spray
- Mix 10ml 2% lignocaine + 10ml 0.5% bupivicaine into 20 ml syringe
  - [resulting concentration is 20ml 1% lignocaine/0.25% bupivicaine]
- Draw line between ASIS and pubic tubercle and divide into thirds
- Mark junction of middle and lateral third: Injection site is ~1cm caudal from the junction
- Identify position of femoral artery: injection site should be 2-2.5cm lateral to this point
- Infiltrate skin with 2-5 ml 2% lignocaine at the site of injection
- With the blunt needle with syringe attached pierce the skin at right angles
- Once through skin advance needle at about 60° to skin aiming cephalad but remaining in sagital plane
- Two distinct pops should be felt as the fascia lata and fascia iliaca are pierced
- Aspirate to ensure no intravascular placement
- Inject: injection should be easy, aspirating every five mls. If resistance is felt – withdraw slightly
- There should be no pain or parasthesia on injection – if this occurs – discontinue and seek advice.

Analgesia should result within 10-20 minutes: in case of failure consider alternative analgesic regime
All patients should receive regular paracetamol po/iv (unless specifically contraindicated) and rescue analgesia prescribed for the ward e.g. oramorph 5-10mg 4hrly