One + all | we care

Royal Cornwall Hospitals NHS Trust

Fascia Lliaca Compartment Block in the Emergency Department Clinical Guideline

V3.0

November 2022

Summary

A number of invasive procedures are carried out in the Emergency Department which are necessary for quality of care. The Royal College of Emergency Medicine sets clear standards for rapid and effective analgesia for our patients mandating that 100% of patients with moderate to severe pain should receive effective analgesia within 20 minutes of arrival in the Emergency Department. Furthermore, patients in severe pain should have effectiveness of analgesia re-evaluated within 30 minutes of analgesia.

A regional nerve block with long-acting local anaesthetic can provide effective analgesia for patients with fractured neck of femur and may reduce the need for opiate analgesia.

The Fascia Iliaca Compartment block is as effective as a 3:1 block targeting the femoral nerve, obturator nerve and lateral cutaneous nerve, (Reavley et al., 2015) and can be achieved anatomically without mandated used of ultrasound guidance.

As the site of the local anaesthetic injection is distant from the neurovascular bundle it has a low complication rate. To this end it is the regional block of choice for patients with fractured neck of femur presenting to the Emergency Department at RCHT.

1. Aim/Purpose of this Guideline

1.1. Although the Fascia Iliaca Compartment Block is thought to be effective for analgesia, and indeed aims to reduce the need for opiate analgesia, the procedure is not without risk. The intent of this document is to standardise how we carry out the procedure in the emergency department in order to minimise risk of side effects or adverse incidents. This version supersedes any previous versions of this document.

1.2. The Emergency Department procedure for a delivering fascia iliaca compartment block as described below must be followed at all times and staff must be appropriately trained and supervised prior to being deemed competent to act autonomously.

1.3. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. This policy applies to all clinical staff working in the Emergency Department. It also applies to any medical or nurse practitioners coming into the department or carrying out this procedure on a ward at RCHT.

2.2. The Senior Medical Staff in the Emergency department are responsible for training and supervising juniors as required to carry out the procedure. The procedure, with reference to this policy, should be highlighted at all Emergency Department junior doctor induction days. The Emergency Department Nursing Staff are responsible for carrying out the post procedure observations of their patients, having been notified by the practitioner performing the regional block, whilst the patient remains in the Emergency Department. On transfer to the trauma ward the nursing staff must hand over that the patient received a fascia iliaca block, and time of delivery. The ward nursing staff are then responsible for ensuring observations are continued as required and the Orthopaedic team take over the care of the patient.

This guideline is applicable to:

- Consultants in Emergency Medicine.
- Doctors and Nursing staff in the Emergency Department.
- Doctors and Nursing staff on the orthopaedic wards.

2.3 Line managers are responsible for:

- Ensuring appropriate equipment is available in order that the procedure can be carried out safely and efficiently.
- Ensuring regular audits are carried our to ensure the procedural policy is being followed.

2.4. The Emergency Department Consultants are responsible for:

- Teaching and training of junior staff with procedures including the fascia-iliaca block outlined at the Emergency Department induction.
- Supervision of the staff members undertaking the block until deemed to be competent to carry out the procedure independently.

2.5. All staff members are responsible for:

- Safe administration of the fascia-iliaca block. Supervision must be sought by the individual if they feel they are not competent to practice independently.
- On-going observations prior to, during and after the procedure as per set out in these guidelines is the responsibility of all the staff in the Emergency Department and the responsibility of staff on the orthopaedic ward following admission.

2.6. On arrival in the Emergency department all patients must be triaged with their observations recorded and a NEWS score generated. The fractured neck of femur pathway ensures that the Emergency Department receives a pre-alert that a patient with a suspected fractured neck of femur is being brought in by ambulance. A radiograph of the affected hip and pelvis will then be requested prior to the arrival of the patient and if their clinical condition permits they will be taken round to the X-ray Department by SWAST personnel. When the patient is booked onto the Emergency Department Oceano system they must be given an “S3” priority. The patient must receive appropriate analgesia prior to arriving at RCHT as per SWAST protocols. (Link to fractured neck of femur pathway).

2.7. Following radiographic confirmation that the patient has a fractured neck of femur they should be seen as soon as practicable by an Emergency Department Doctor and their pain score assessed. The majority of patients with fractured neck of femur will require analgesia in addition to any they have been given by SWAST in order to minimise their discomfort whilst awaiting definitive management of their fracture. A Regional Fascia Iliaca Compartment Block using 0.25%

Levobupivocaine is the additional analgesia of choice in the Emergency Department at RCHT.

2.8. On identifying the indication for a Fascia Iliaca Compartment Block the practitioner must gain consent from the patient.

2.9. Consent must include the explanation of an approximate 20% failure to achieve adequate analgesia and the rare complications of nerve damage, infection, local anaesthetic toxicity and haemorrhage.

2.10. In the event that the patient is unable to consent due to lack of capacity (refer to RCHT Mental Capacity Guidance) then the procedure may be carried out in the patient's best interest if on-going analgesia is deemed to be required.

2.11. All equipment required for the Fascia Iliaca Compartment Block is in the labelled cupboard in the clean utility of the Emergency Department:

- Dressing pack-sterile
- Chlorhexadine prep stick
- Pajunct needle-blunt
- 20ml syringe x 2
- 0.25% Levobupivicaine – stored in locked cupboard opposite
- Dose chart for Levobupicovaine as per patient weight

2.12. Fascia Iliaca Compartment Block proforma for patient notes

Block Conduct:

- Patient must be in a majors cubical in direct line of sight from workstation.
- IV access must be obtained/checked and oxygen available.
- Antedote for levobupivacaine (Intralpid) must be available (stored in resus cupboard in the Emergency Department).
- Record observations prior to the procedure.
- ECG monitoring and oxygen saturation monitoring throughout procedure.
- Record pain score prior to procedure.
- Position patient as supine as possible.
- Aim to have affected limb in slight abduction.
- Identify anatomical landmarks:

- Line between the Anterio-superior Lliac Spine (ASIS) and pubic tubercle.
- Junction between middle and lateral thirds of line.
- 1cmcaudal to line.
- Insert needle 60 degrees and advance feeling for “double pop”.
- Aspirate to ensure not in vessel.
- Inject 0.25% Levobupivacine (30-40mls based on 2mg/kg with max 150mg) aspirate after every 5mls.
- Post procedure observations at 5 minute intervals for 15 minutes the continual monitoring for at least 60 minutes post procedure.
- Complete Fascia Lliaca Compartment Block proforma and ensure scanned into patients notes.
- Document post procedure pain score at 30 minutes.
- Transfer to ward when safe to do so – hand over time block and need for on-going observations as required.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with use of the Fascia Iliaca Compartment Block sticker in the patients notes and in particular compliance with post procedure observations
Lead	Dr. Anna Shekhdar, Consultant in Emergency Medicine
Tool	Regular audit will need to be carried out – Recorded in monthly governance minutes
Frequency	6 monthly
Reporting arrangements	Audit results will be presented at clinical governance and recorded in minutes. Teaching required will be undertaken at junior doctor induction or within their 4 month placement in the Emergency Department and will be evidenced on the programme.
Acting on recommendations and Lead(s)	Any actions apparent from audit and governance will be acted upon by the Consultants in the Emergency Department. Dr Anna Shekhdar, Lead Consultant in Emergency Medicine

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Results from regular audit will need to be presented at the Emergency Department Clinical Governance and any learning points will also be disseminated at teaching and induction (every 4 months minimum). Lessons will also be shared with all the relevant stakeholders including the Orthopaedic Division and patients and relatives as appropriate.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Fascia Iliaca Compartment Block in the Emergency Department Clinical Guideline V3.0
This document replaces (exact title of previous version):	Fascia Iliaca Compartment Block in the Emergency Department Clinical Guideline V2.0
Date Issued/Approved:	November 2022
Date Valid From:	November 2022
Date Valid To:	November 2025
Directorate / Department responsible (author/owner):	Dr Anna Shekhdar, Consultant in Emergency Medicine
Contact details:	01872 253115 / 01872 253219
Brief summary of contents:	Procedural Policy for Fascia-Iliaca Compartment block to provide effective analgesia for patient with a fractured neck of femur. How to carry out the procedure (to be used in conjunction with adequate training and supervision) and minimum observations required prior to, during and after the procedure to ensure patient safety at all times.
Suggested Keywords:	Fascia Iliaca Compartment Block, Regional Anaesthesia, Analgesia, Fractured neck of Femur.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Director
Approval route for consultation and ratification:	Emergency Department Consultants Medical Services Governance and Quality Board Surgery, Trauma and Orthopaedic Services Governance and Quality Board
General Manager confirming approval processes:	Joanna Floyd
Name of Governance Lead confirming approval by	Paul Evangelista

Information Category	Detailed Information
specialty and care group management meetings:	
Links to key external standards:	None required
Related Documents:	References: 1) The Royal College of Emergency Medicine. Best Practice Guidelines. Management of Pain in Adults. Dec 2014 2) NICE CG124. Hip fracture: Management. Updated March 2014 https://www,nice.org.uk/guidance/CG124/chapter/1-Guidance#/analgesia 3) The Royal College of Emergency Medicine. Local guidance. Adult guidelines / Protocols. Fractured Neck of Femur (Leicester Royal Infirmary. 2014). 4) Reavley et. Al, 2015. Randomised Trial of the Fascia Iliaca Block versus the '3-in-1' block for femoral neck fractures in the Emergency Department. EMJ 2015;32:685-689 http://emj.bmj.com/content/early/2014/11/27/emermed-2013-203407.full Fascia Iliaca Compartment Block: Landmark and Ultrasound Approach. Anaesthesia tutorial of the week 193. 23 Aug 2010. http://www.frca.co.uk/Documents/193%20Fascia%20Iliaca%20compartment%20block.pdf Related trust documents: 1) Procedure specific consent form for neck of femur fractures CHA3236. June 2013. 2) FOI Ref 1089 12/11/2015
Training Need Identified?	Yes training is required to carry out this procedure and this will be delivered at Junior Doctor induction and departmental teaching sessions as required. Learning and Development department have been informed.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Emergency Medicine

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
30 Sept 2016	*V1.0*	*Initial issue*	*Dr Anna Shekhdar consultant in Emergency Medicine*
09 Sept 2019	V2.0	Full review and transposed to latest Trust template	Katherine Smith, Ward Sister
November 2022	V3.0	Full review and transposed to latest Trust template	Dr Anna Shekhdar consultant in Emergency Medicine

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Fascia Iliaca Compartment Block in the Emergency Department Clinical Guideline V3.0
Directorate and service area:	Emergency Department
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Anna Shekhdar
Contact details:	01872 253115 / 213219

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This policy is aimed to give Doctors working in the Emergency Department clear guidance on how to carry out a fascia iliaca compartment block safely and effectively for patients presenting with pain due a fractured neck of femur. The policy also aims to ensure nursing staff in the emergency department are monitoring these patients and recording regular observations. Furthermore, once the patient is admitted to the orthopaedic ward the responsibility of carrying out on-going observations falls to the nursing (and medical) staff on the ward.
2. Policy Objectives	To ensure safe and effective delivery of a fascia iliaca compartment block aiming to relieve pain for patients with a fractured neck of femur.
3. Policy Intended Outcomes	To ensure safe and standardised procedures are followed.
4. How will you measure each outcome?	Regular audits carried out within the Emergency Department and presented at our divisional governance will ensure the policy has achieved it's aims.
5. Who is intended to benefit from the policy?	RCHT

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: No • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Emergency Department Consultants Medical Services Governance and Quality Board Surgery Trauma and Orthopaedic Services Governance and Quality Board
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** **No**

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Anna Shekhdar

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis