

B115 A STICKY END TO WRONG-SIDED BLOCKS: A QUALITY IMPROVEMENT PROJECT TO REDUCE THE INCIDENCE OF WRONG-SIDED PERIPHERAL NERVE BLOCKS

H Evans*, A Gilfedder, A Kennedy. *University Hospital of Wales, Cardiff, UK*

10.1136/rapm-2022-ESRA.190

Background and Aims The incidence of wrong sided blocks is approximately 1 in 6250 procedures¹. It has remained unchanged despite high profile national patient safety campaigns, such as Stop Before You Block, as well as wrong-sided blocks being added to the NHS Never Events list. At our institution, we have had two such incidents in the past two years.

A new standard operating procedure – Prep, Stop, Block – is based on the deconstruction of regional anaesthetic procedures into three distinct phases².

Our aim was to increase awareness and utilisation of the new standard operating procedure at our institution.

Methods We designed a sticker system which worked simultaneously as a visual aide memoir to remind practitioners to perform Prep, Stop, Block as well as a simple, fast and effective method of documenting the performance of both the safety check and the block itself. We recorded use of the stickers over three separate weeks, with each week preceded by an intervention to increase their utilisation.

PREP STOP BLOCK

Immediately before block

Blocker: 'I've completed my prep, lets stop before you block'
Assistant: 'OK, let's stop before you block'

Circle as appropriate

Site marking:	Visible	Not visible			
Consent form:	Left	Right			
Patient confirmed:	Left	Right	Asleep		

Double check correct LA is connected

Assistant confirms STOP is complete and Blocker can proceed

Abstract B115 Figure 1

Nerve block

Nerve block:
Right Left

LA concentration & volume:

Needle used:
Awake /Asleep /Sedated Ultrasound

Negative aspiration Low pressure injection

Comments:

Abstract B115 Figure 2

Results Following two Plan Do Study Act rounds, we increased weekly use of the sticker system from 0 to 53.



Abstract B115 Figure 3

Conclusions We have successfully devised a method of increasing utilisation of the Stop, Prep, Block standard operating procedure while simultaneously providing a simple, fast, and effective means of documenting both the safety check and the block itself. The sticker system has made a positive contribution to the safety culture of our institution, forming a visual reminder of the organisation's commitment to and confidence in the efficacy of preventative measures.

B116 THE UTILITY OF PERICAPSULAR NERVE GROUP (PENG) BLOCK IN HIP SURGERIES IN COMPARISON TO OTHER CONVENTIONAL REGIONAL TECHNIQUES: A META-ANALYSES

¹P Khanna*, ²S Sarkar, ³C Sinha. ¹AIIMS, NEW DELHI, Delhi, India; ²AIIMS, Bhubaneswar, India; ³AIIMS, Patna, India

10.1136/rapm-2022-ESRA.191

Background and Aims The pericapsular nerve group (PENG) block has emerged as an innovative technique for providing analgesia and post operative preservation of motor function in hip fracture surgeries. However, comparative evaluation of the efficacy of PENG block with the conventional regional techniques, e.g. femoral nerve block, fascia iliaca compartment block, etc. is yet to be established.

Methods A comprehensive screening of electronic databases is performed up to 15th February 2022. Only randomized controlled trials evaluating the impact of PENG block during hip surgeries in terms of analgesia, and preservation of motor function are included in this meta-analysis.

Results We retrieved in eight RCTs, with a total of 394 patients, over all the application of PENG block during hip surgeries led to lesser requirement of rescue analgesia [Odds ratio (OR) 0.49, 95% CI 0.24 to 0.98, I² =0%], and lesser risk of post-procedural muscle weakness [OR 0.08, 95% CI