

Stop Before You Block Audit

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To: Katie Malone <km15126@bristol.ac.uk>

Cc: Mat Molyneux <Mat.Molyneux@uhbw.nhs.uk>

Dear Katie

Your audit, **Stop Before You Block**, has been fully registered on our Audit, Management and Tracking (AMaT) system.

Your project reference is : SURANAES/CA/2021-22/03/SBYB

Many thanks for registering this important work with the Trust.

BW Chrissie



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07983233908

Abstract 201 Figure 1

Abstract 201 Table 1 SBYB compliance and risk factors for failing to SBYB

Audit Criteria	July 2019	May/June 2021
SBYB occurred	43%	82%
WHO Sign In completed	100%	100%
Surgical site marking visible	100%	93%
Patient turned/moved	29%	21%
Distractions present	0%	11%

suggestions for improved SBYB compliance. Local audit committee authorised and registered this work as not needing ethics committee approval.

Results Twenty-eight regional nerve blocks were observed. Risk factors present included surgical site marking not being visible, repositioning of patients and additional distractions (table 1). Although SBYB compliance improved to 82%, in two cases without SBYB there were no risk factors present. Of the 29 survey results received, all agreed a physical reminder needed to be introduced, with posters on ultrasound machines achieving the most favourable response followed by a physical barrier on the syringe.

Conclusions We identified improved compliance in our re-audit, but nearly a fifth of blocks occurred without SBYB. With risk factors for failing to SBYB prevalent including distraction, we suggest a non-user dependent step is needed to improve compliance. We believe this could be achieved if needle manufacturers incorporate a pre-packaged fail-safe barrier into their syringe design or RA needle sheaths.

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BILATERAL SUBPECTORAL INTERFASCIAL PLANE BLOCK CATHETERS FOR STERNAL FRACTURES POST CPR

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Background and Aims The use of ultrasound to identify fascial tissue layers has led to an increasing number of novel techniques for analgesia of the chest wall. Subpectoral interfascial plane (SIP) blockade is a technique described by Fajardo et al. for ventilation weaning in rib fractures.

Methods A 61-year-old female was admitted to the intensive care unit post cardiac arrest due to major haemorrhage from a degloving scalp laceration. Return of cardiac output was achieved after one cycle of CPR and extubated within 24 hours. Pulmonary rehab proved difficult due to pain from multiple anterior rib & sternal fractures. Bilateral sternal catheters were inserted day 2 of her admission with loading dose of 40 ml 0.25% bupivacaine (1:400,000 adrenaline). Bupivacaine 0.125% local anaesthetic infusions were set at 5 ml/hour with 6 hourly boluses of 20 ml 0.25% bupivacaine prescribed as required.

Results A 61-year-old female was admitted to the intensive care unit post cardiac arrest due to major haemorrhage from a degloving scalp laceration. Return of cardiac output was achieved after one cycle of CPR and extubated within 24 hours. Pulmonary rehab proved difficult due to pain from multiple anterior rib & sternal fractures. Bilateral sternal catheters were inserted day 2 of her admission with a loading dose of 40 ml 0.25% bupivacaine (1:400,000 adrenaline). Bupivacaine 0.125% local anaesthetic infusions were set at 5 ml/hour with 6 hourly boluses of 20 ml 0.25% bupivacaine prescribed as required.



Abstract 202 Figure 1

Conclusions This case supports the debate that repeated intermittent boluses are required to maintain analgesic efficacy for fascial plane blocks versus continuous local anaesthetic infusion.

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A SNAPSHOT SURVEY OF PERIPHERAL NERVE BLOCK USAGE AT A TERTIARY LEVEL CENTRE IN ENGLAND

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