

## **Pain Buster (On Q) Closed Local Anaesthetic Infusion System procedure**

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### **Purpose**

This system **replaces** local anaesthetic intermittent wound catheter bolusing and **all** local anaesthetic continuous regional infusions except for epidural in relation to the scope below.

To ensure nursing staff are familiar with the infusion system and are aware of their responsibilities in maintaining the system for post operative analgesia.

### **Scope**

Medical Surgical, Child Health, Gynaecological and Peri-operative Services; Anaesthetists, Registered Theatre Nurses, PACU Nurses, Ward Nurses under the Acute Pain Management Service (APMS).

### **Associated documents**

Closed Regional Infusion Treatment Sheet (C260039).

Wound catheter labels.

Regional labels.

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## System information

Pain Buster (On Q) is a disposable closed elastomeric device for the continuous regulated infusion of local anaesthetic for local wound infiltration and regional anaesthesia. It delivers local anaesthetic to the intra operative site for 2 – 5 days following surgery.

This is essentially a “load and leave” system which contains all components in one sterile pack.

Note: Minimal weight for use in children is 20kg.

## Theatre initiation

- Device is loaded with local anaesthetic in operating theatre and attached to catheter(s) placed by Surgeon near incision site (wound catheter) or near a nerve sheath (regional) e.g. brachial plexus, femoral nerve, sciatic nerve, extrapleural.
- Medication added label is attached to elastomeric bulb in theatre by the anaesthetist once loaded with local anaesthetic.
- Catheter(s) are looped several times and firmly fixed to flat surface (e.g. abdominal wall) with 1 – 2 V3000's clear dressings and reinforced with edging MEFIX.
- Wound catheter labels applied to catheter feed tubing (regional label for nerve sheath infusions and extrapleural infusions).
- Infusion prescribed by Anaesthetist on Closed Regional Infusion Treatment Sheet (C260039).

## Registered Nurse responsibilities

- Every shift check the site/s for.
- Redness, swelling, pain and/or discharge at the catheter site.
- Blood in the catheter/s.

Contact the APMS if the above are noted.

### Additionally

- Ensure tubing clamps are open. (Closing the white tubing clamps will stop the infusion).
- Check there are no leaks in tubing.

### Note:

If the patient has two or more of the following symptoms these may be suggestive of local anaesthetic toxicity and the tubing must be clamped off and APMS must be paged immediately:

- Numbness and/or tingling around the mouth

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- Dizziness, lightheadedness.
- Blurred vision.
- Drowsiness.
- Ringing/buzzing in ears.
- Confusion.

### **Completion considerations**

- Depending on size and volume of pump chosen, infusion typically lasts 2 – 3 days.
- Infusion is complete when infusion time has passed and pump is no longer inflated.
- Pump is single use only and should not be refilled.

### **Removal of catheter/s considerations**

- Sterile procedure.
- Remove catheter site dressing.
- Grasp the catheter close to the skin and gently pull on the catheter. It should be easy to remove and not painful.
- Do not tug or quickly pull on the catheter during removal
- If the catheter becomes hard to remove or stretches then stop and contact the Acute Pain Management Service as continued pulling could break the catheter.
- After removal of the catheter, check the catheter tip for the black marking to ensure the entire catheter was removed.
- Swab site with chlorhexidine and cover with sterile dressing for 24 hours.

### **APMS Contact Details**

- APMS Nurse Christchurch Hospital Pager 8114
- APMS Gynae Ward Womens Pager 7015
- Burwood APMS Nurse Pager 9135
- Christchurch Hospital Duty Anaesthetist Pager 8120

## **Measurement/Evaluation**

Acute Pain Management Service review of individual patients on this therapy

Incident Management process

## **References**

Acute Pain Management Scientific Evidence (4<sup>th</sup> edition). National Health and Medical Research Council 2015 Australian Government.

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Gotts Chalk, A. et al (2003). Continuous Wound Infiltration with Ropivacaine Reduces Pain and Analgesic Requirements after Shoulder Surgery. *Anaesthesia Analgesia* 97 – 1086-9.

Wheatley, D., Di Mairo, JM. (2005). Improved Pain Management Outcomes with Continuous Infusions of a Local Anaesthetic after Thoracotomy. *Journal of Thoracic Cardio-Vascular Surgery* 130(2) 464-8.

<b>Policy Owner</b>	Acute Pain Management Service Nurse Consultant
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