

Appendix 3. RCEM guidance on fascia iliaca blocks (FIB)^{30,31}

- Patients receiving an FIB should be closely monitored during the procedure and after (for a minimum of 1 hour); for both signs of local anaesthetic toxicity* and sedation effects of other analgesia that may have been given.
- Intralipid® should be easily available for treatment of local anaesthetic toxicity in clinical areas where FIB is administered.
- In departments where FIB is administered, there should be a policy available that includes details of competency assessment, monitoring of patients and treatment of complications.
- The use of an invasive procedure checklist and a 'Stop before you block' process is recommended.

The Coroner has issued a Regulation 28

FIB removed painful stimulus; pre-administered opiates caused apnoea, this went unrecognised.

NRLS data reveals:

- Poor or no documentation of procedure in ED
- Poor or no post procedure observations in ED

An ED LocSSIP/guideline should include documentation of:

- Site, side, dose and time of block
- Frequency of post procedure observations

A minimum would be at 5, 10, 15, 30 mins post procedure

[RCEM/FIBguideline](#)

[Safety Flash Fascia Iliaca Block 2018.pdf](#)

***Signs of severe toxicity:³²**

- Sudden alteration in mental status, severe agitation or loss of consciousness, with or without tonic-clonic convulsions.
- Cardiovascular collapse: sinus bradycardia, conduction blocks, asystole and ventricular tachyarrhythmias may all occur.
- Local anaesthetic toxicity may occur some time after an initial injection.