### Lothian University Hospital Division Royal Infirmary of Edinburgh Emergency Department Bier's Block Information for Staff

#### Aim

To provide a regional anaesthetic to enable the manipulation of a Colles type fracture.

Please follow the procedure outlined below to ensure the smooth running of the "semi-elective" Bier's Block list which is run in conjunction with the Department of Anaesthetics.

Prior to discharge on first attendance please complete the checklist below All patients being booked onto the list should be discussed with the ED consultant (or registrar overnight)

# On the day of the procedure:

- Patient attends ED Reception to be checked in on Trak
- Patient waits in ED waiting room where they will be met by the anaesthetic room nurse **In Anaesthetic Room in ED:**
- Help patient change into a gown and onto a trolley
- Record baseline blood pressure and heart rate, document on ED sheet and shock chart

#### **Biers Block Procedure:**

An Anaesthetist performs the regional anaesthetic with an EM doctor present to manipulate the fracture. The procedure is performed in the anaesthetic room

- Two IV cannulae are inserted, one into the hand of the injured arm and one into the other arm
- A Kidd tourniquet is applied to the upper arm of the injured wrist
- The arm is raised for approximately two minutes then the tourniquet is inflated to 200-300 mmHg
- The cuff must remain inflated throughout the procedure
- When full anaesthesia is achieved the fracture is then manipulated by the EM doctor into the correct anatomical position
- The cannula on the manipulated arm is removed
- A Plaster of Paris backslab is applied
- The fracture is x-rayed to ensure the position is correct
- The tourniquet is then deflated on the instruction of the anaesthetist
- The patient has a repeat set of observations and is observed in the Anaesthetic Room for 5mins
- Ensure the patient has adequate analgesia to take home and the Manipulation of Wrist Fractures and TTC information leaflets which contain instructions on plaster care and follow up.
- **TTC clinic contacted by ED staff.** Patient advised to contact TTC/ED if they have not been contacted by TTC within 5 working days.

## **Recovery in ED Observation Unit** (patient to stay for 30mins post procedure)

- A further set of observations is performed
- Tea and toast is offered to patient
- The 2nd cannula is removed

Patient suitable for nurse led discharge if the following criteria are met. Contact the POD B consultant if any concerns.

	Initial
Normal observations	
Normal circulation to injured arm (fingers pink and warm)	
Patient mobile / at baseline mobility	
Patient has adequate analgesia to take home	
Information leaflets given to patient/ carer – Manipulation of Wrist Fractures and	
TTC information leaflet which contains instructions on plaster care and follow up	
Transport arranged if required	