

# UConn HEALTH

## CLINICAL POLICY

### Local Anesthetic by Infiltration (DERMATOLOGY)

**A. EFFECTIVE DATE:**

April 9, 2021

**B. PURPOSE:**

To define parameters of administering local anesthetic by infiltration.

**C. POLICY:**

1. All patients who are candidates must be evaluated by a Dermatology Practitioner prior to treatment. The LIP will provide written orders for the treatment. They will periodically assess the patient for tolerance and effectiveness of treatment.
2. The minimum effective dose of anesthetic will be administered.
3. Anesthetic for local infiltration is to be administered in the dermal, and if indicated, subcutaneous skin.
4. The Provider will be consulted for an anesthetic order change if the total of the administered anesthetic is anticipated to exceed the recommended maximum dose.

**D. SCOPE:**

Farmington, Canton, Storrs, Southington, Dermatology Psoriasis Center, Mohs Surgery

**E. DEFINITIONS:**

None

**F. MATERIAL(S) NEEDED:**

Pre-filled buffered lidocaine syringe and needle (3 ml, 1% / 1:100,000) unless other type is ordered by Provider

**G. PROCEDURE:**

1. Prior to administering the local anesthetic the RN will:
  - a. Confirm the patient's identity with two patient identifiers.
  - b. Review the patient's previous experience with anesthetics and inform the Provider of adverse or allergic reactions.
2. Review patient allergies, medications, and history of cardiac disease and inform the Provider of patient history.
3. Review the procedure sequence and expectations of anesthesia with patient.
  
4. Assemble all required supplies: 30 gauge needle, prescribed anesthetic, gloves and antiseptic prep.

5. Prep the area to be anesthetized. Allow to dry naturally.
6. Insert the needle into skin at appropriate site, placement of the needle is into the dermis or subcutaneous layer of the skin.
7. Inject the anesthetic slowly as to lessen the burning sensation associated with anesthetic administration.
8. Repeat steps 6 and 7 needed to obtain the required area of anesthesia.
9. Patient is assessed that the anesthetic is effective before procedure initiated.
10. Observe and assess patient's reaction to anesthetic:
  - a. Normal reactions to epinephrine may include restlessness, increased heart rate, palpitations, pounding in the head and chest pain.
  - b. Adverse reactions may include anxiety tremor, tachycardia, diaphoresis, and vasovagal reactions, which include hyperventilation, apprehension and syncope. Local reactions include swelling, erythema, and abscess formation.
  - c. True allergic reaction may include pruritus, urticarial, and angioedema with bronchospasm manifested by wheezing and coughing. Institute emergency care for the patient as warranted by the Provider.
11. Maintain a documented total of anesthetic administered. Consult the Provider for an anesthetic order change if the total of the administered anesthetic is anticipated to exceed the recommended maximum dose.
12. Document dose given in patient's medical record.

**H. ATTACHMENTS:**

None

**I. REFERENCES:**

Medication Administration Policy 2/21

**J. SEARCH WORDS:**

None

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS:**

On File

**M. COMMITTEE APPROVALS:**

None

**N. FINAL APPROVAL:**

- |  |                                   |
|--|-----------------------------------|
| <p>1. <u>Andrew Agwunobi (Signed)</u><br/>Andrew Agwunobi, MD, MBA<br/><b>UConn Health Chief Executive Officer</b></p>                 | <p><u>04/16/2021</u><br/>Date</p> |
| <p>2. <u>Anne Horbatuck (Signed)</u><br/>Anne D. Horbatuck, RN, BSN, MBA<br/><b>Clinical Policy Committee Co-Chair</b></p>             | <p><u>04/16/2021</u><br/>Date</p> |
| <p>3. <u>Scott Allen (Signed)</u><br/>Scott Allen, MD<br/><b>Clinical Policy Committee Co-Chair</b></p>                                | <p><u>04/15/2021</u><br/>Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u><br/>Caryl Ryan, MS, BSN, RN<br/><b>VP Quality and Patient Service &amp; Chief Nursing Officer</b></p> | <p><u>04/13/2021</u><br/>Date</p> |

**O. REVISION HISTORY:**

Date Issued: 3/15  
Date Revised: 4/21  
Date Reviewed: 4/21