

CLASS: A

PROTOCOL(S) USED IN: IO Access and Infusion, Dextrose 10 & 50

PHARMACOLOGY AND ACTIONS:

- A. Depresses automaticity of Purkinje fibers thus increasing ventricular fibrillation threshold.
- B. Decreases conduction rate and force of contraction mainly at toxic levels.
- C. Single bolus effect disappears in 10-20 min due to redistribution in the body.
- D. Metabolic half-life is about 2 hours; toxicity develops with repeated doses.

INDICATIONS:

- A. IO insertion
- B. Dextrose extravasation

CONTRAINDICATIONS:

- A. Supraventricular dysrhythmias
- B. Atrial fibrillation or flutter
- C. 2nd or 3rd degree heart blocks
- D. Systolic B/P < 90 mmHg

SIDE EFFECTS AND NOTES:

- A. Seizures, slurred speech, AMS
- B. Maintenance infusion should be reduced by 50% in patients over 70 year's old, hepatic failure, CHF or shock.
- C. Routine use of Lidocaine for prophylaxis and prevention of ventricular dysrhythmias in patients suspected of having an AMI IS NOT RECOMMENDED.
- D. If Dextrose extravasation occurs, immediately dilute with up to **5 ml Lidocaine 2% in 5ml Normal Saline** injected SQ into extravasated area.

ADULT DOSING:

IO insertion conscious

0.5 mg/kg, max of 50 mg

Extravasation of D50

5 ml Lidocaine 2% SQ *diluted with 5 ml Normal Saline* into extravasated area

PEDIATRIC DOSING:

IO Insertion conscious

0.5 mg/kg, max of 20 mg Wait approximately 30-60 seconds before flushing with fluid.