|  |
| --- |
| 3-11 High central neuraxial block v.1 |
| * Can occur with deliberate or accidental injection of local anaesthetic drugs into the subarachnoid space. * Symptoms are – in sequence – hypotension and bradycardia – difficulty breathing – paralysis of the arms – impaired consciousness – apnoea and unconsciousness. * Progression through this sequence can be slow or fast. |

START.

❶ Reassure the patient – remember that they may be fully aware.

* Plan to ensure hypnosis as soon as clinical situation permits.

❷ Call for help and inform theatre team of the problem.

❸ Treat airway and breathing:

* Give 100% oxygen.
* Chin lift / jaw thrust may suffice.
* Consider supraglottic airway or tracheal intubation (Box A).

❹ Treat circulatory insufficiency:

* Give i.v. fluid by rapid infusion.
* Elevate the legs. Do not use head-down tilt.
* In obstetrics, relieve aorto-caval compression.
* Bradycardia: give atropine or glycopyrrolate (Box B).
* Hypotension: give metaraminol, phenylephrine or ephedrine (Box B).
* CPR may be necessary to circulate drugs.

❺ If the case is obstetric, consider expedited delivery of the baby to manage:

* Risk to mother of unrelieved aorto-caval compression
* Risk to fetus of impaired feto-placental oxygen delivery

❻ Consider other causes that may mimic signs and symptoms, including (Box C):

* Obstetric aorto-caval compression.
* Local anaesthetic toxicity.
* Embolism.
* Vasovagal event.
* Haemorrhage.

❼ Plan ongoing care in a suitable location.

|  |
| --- |
| Box A: INDUCING ANAESTHESIA |
| * Consider reduced dose of hypnotic drug to avoid further hypotension. A full induction dose will not be necessary if the patient’s consciousness is already impaired. * Neuromuscular blockade may not be necessary for tracheal intubation if the patient is unconscious, paralysed and apnoeic. |

|  |
| --- |
| Box B: DRUG DOSES |
| Bradycardia:   * Atropine: 0.6-1.2 mg * Glycopyrrolate: 0.2-0.4 mg   Hypotension:   * Metaraminol: 1-2 mg boluses repeated * Phenylephrine: 50-100 μg boluses repeated or by infusion * Ephedrine: 6-12 mg boluses repeated up to max 30 mg (tachyphylaxis limits further usefulness) |

|  |
| --- |
| Box C: CRITICAL CHANGES |
| * Cardiac arrest → 2-1 * Hypotension → 2-4 * Bradycardia → 2-6 * Local anaesthetic toxicity → 3-10 |

**The Association Of Anaesthetists of Great Britain & Ireland 2018. www.aagbi.org/qrh** Subject to Creative Commons license CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details. The guidelines in this handbook are not intended to be standards of medical care. The ultimate judgement with regard to a particular clinical procedure or treatment plan must be made by the clinician in the light of the clinical data presented and the diagnostic and treatment options available.

3-11