

Agitation, confusion, drowsiness, seizures, tinnitus, metallic taste, perioral numbness, arrhythmias, tachycardia



## Start

1. Call for "ANESTHESIOLOGIST STAT" and CODE CART
2. Call for INTRALIPID and prepare for bolus
3. Ventilate with 100% Oxygen, consider intubation
4. Suppress seizure activity
  - ▶ Midazolam preferred
  - ▶ AVOID propofol with cardiovascular instability
5. Begin BLS: support airway and circulation (CPR)
6. Give INTRALIPID immediately
  - ▶ BOLUS followed by INFUSION
7. Begin ACLS
  - ▶ AVOID Vasopressin, Calcium Channel Blockers, Beta Blockers, Lidocaine
  - ▶ Reduce individual doses of EPInephrine to  $\leq 1\text{mcg/kg}$
8. Persistent cardiac arrest: Alert anesthesiologist on call at PHC @ 704-591-9600 - possible need for cardiopulmonary bypass
9. For persistent INSTABILITY: consider Intralipid re-bolus, continue infusion
10. Draw blood sample for local anesthetic levels (Red-top Tube)
11. Report LAST event
12. May require prolonged resuscitation and monitoring
  - ▶ Monitor for 2 hours after any CNS event
  - ▶ Monitor for 4-6 hours after any CV event

### ▶ Critical Changes

If VF/VT develops: Go to » CHKLST CAV

If PEA/Asystole: Go to » CHKLST CAA

If BRADYCARDIA develops: Go to » CHKLST BDY

### DRUG DOSES and Treatments

AVOID Vasopressin, Calcium Channel Blockers, Beta Blockers, Lidocaine

**EPInephrine:** Individual doses  $< 1\text{ mcg/kg}$

**Intralipid:** Bolus: 1.5 mL/kg (lean body mass) IV over 1 min  
(ex: 70 kg patient  $\approx 100\text{mL}$ )  
THEN  
Continuous Infusion: 0.25 mL/kg/min  
(ex: 70 kg patient  $\approx 400\text{ mL}$  over 20 min)

- Repeat bolus once or twice for persistent cardiac arrest
- Double the infusion rate to 0.5 mL/kg/min if BP remains low
- Continue infusion for at least 10 min after attaining stability
- Recommended upper limit: about 10 mL/kg lipid emulsion over the first 30 min, 12mL/kg total limit

### DEFIBRILLATOR instructions

1. Place electrodes on chest
2. Turn defibrillator ON, set to DEFIB mode, and increase ENERGY LEVEL to 200 J (120 J or 150 J for smaller stature; 360 J for monophasic)
3. Deliver shock: press CHARGE then press SHOCK

### Other References

» Report event at [www.lipidrescue.org](http://www.lipidrescue.org) and [www.lipidregistry.org](http://www.lipidregistry.org)