



Riverbend Medical Center Regional Infusion Center (RIC)
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Lidocaine INFUSION for Chronic Pain (v 08/07/2025)

Diagnosis/Indication (ICD-10): _____ **Weight** _____

Medication:

- Lidocaine _____ mg/ kg actual body weight IV over 60 minutes (max dose 500 mg) every _____ week x _____ doses

Nursing communications:

- Vital signs (heart rate, blood pressure, respiratory rate): Initial, 30 minutes after start of infusion, minimum 15 minutes post-infusion and as needed
- Patient may be discharged 15 minutes post-infusion if there is no evidence of adverse reaction and vital signs are stable
- Potassium, magnesium, serum creatinine and ALT need to be done within 1 month of first infusion (provider responsibility to order and send results prior to start)
- ECG needs to be done within 1 month of first infusion and repeated annually (provider responsibility to order and send result)
- Nursing assess for adverse events: numbness, tingling, lightheadedness, dizziness, nausea and vomiting

Labs:

- Complete metabolic panel, Magnesium repeated annually (to be drawn at Infusion Center if not otherwise available)

Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications:

- DiphenhydRAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic).
 - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
 - MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____