



BC Cancer Agency

# DOCTOR'S ORDERS

Page 1 of 2

## LIDOCAINE INFUSION

Wt: \_\_\_\_\_ kg

Please refer to Extreme Pain therapy using Parenteral Lidocaine(H:\everyone\systemic\chemo\protocol\supportive

**ALLERGY/ALERT: Reminder to Physicians:** Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.

Date/Time:

### CONFIRMATION:

Patient has no history of allergy to lidocaine or other topical, local, or infusional anaesthetics and that a baseline or recent ECG is on the patient's chart if ordered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This section must be completed and signed by the physician before treatment will be given.***

- Admit for Short Term Stay
- DAT, AAT, VSR
- ☐ Baseline: EKG and Serum Potassium and LFT's/Bili
- If clinically indicated for each treatment: ☐EKG ☐Serum Potassium ☐LFT's/Bili

### TREATMENT NUMBER: \_\_\_\_\_

***For ALL cycles: Physician must be in building during entire infusion***

**First dose: LIDOCAINE (5-10 mg/kg) x wt (kg) = \_\_\_\_\_mg infused over**

- ☐ 60 mins, ☐ 90 mins or ☐ 120 mins. (Please round dose to nearest 10 mg)
- ☐ in 100 mL D5W if dose less than 250 mg ☐ in 500 mL D5W if dose greater than 250 mg

**Subsequent doses:** determined by clinical effect and evidence of toxicity

**LIDOCAINE \_\_\_\_\_mg/kg(up to 10 mg/kg) x wt (kg) = \_\_\_\_\_mg infused over**

- ☐ 60 mins ☐ 90 mins or ☐ 120 mins. (Please round dose to nearest 10 mg)
- ☐ in 100 mL D5W if dose less than 250 mg ☐ in 500 mL D5W if dose greater than 250mg

### MONITORING:

- Baseline vital signs: pulse, blood pressure, respiratory rate, temperature & pain score\*
- During infusion: blood pressure,pulse & pain score q15 minutes.
  - **If blood pressure changes over 3 consecutive readings by plus or minus 10 mmHg or is greater than systolic 160 mmHg and/or early signs of toxicity (see Parenteral Drug Manual Monograph for details of early toxicity) are noted: stop infusion and call supervising physician for orders.**
- After infusion completed monitor BP, pulse, pain score q15 minutes for 30 minutes.

- Pain Score – use Numerical scale (0 – 10)

0 1 2 3 4 5 6 7 8 9 10  
no pain worst

- Patient may be discharged 30 minutes post infusion if no side effects during infusion and stable BP & pulse

- Rebook for next treatment in \_\_\_\_\_ weeks.

☐ See general order sheet for additional requests

DOCTOR'S SIGNATURE

Signatures

UC:

RN:

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Page 2 of 2

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**ALLERGY/ALERT: Reminder to Physicians:** *Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.*

Date/Time:

Cycle #: /

[illegible]