Blocchi Nervosi Periferici Nel Dipartimento d'Emergenza-Urgenza

Congresso Nazionale SIMEU, Roma

25 Maggio 2018

Dott. Stefano Sartini

U.O.C. MECAU, Ospedale Policlinico San Martino, Genova

CASO CLINICO 1

h3:40,
Gina, 78 anni,
Giunge in PS per caduta mentre andava in bagno.

CASO CLINICO 1

PARAMETRI VITALI

PA: 160/80
FC 85 bpmR
SatO2:96% inaa
Tc 37.4°
FR: 18
VAS 8/10
GCS:15/15

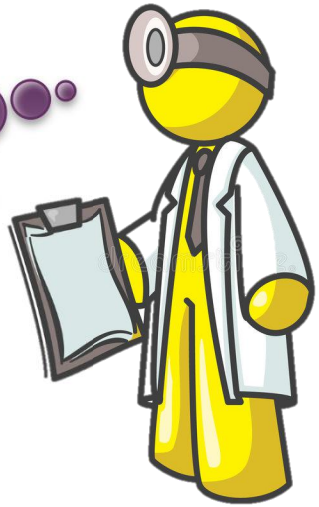
PERFALGAN / CONTRAMAL

CASO CLINICO 1

CASO CLINICO 1

VAS 7/10

FENTANEST/
MORFINA?!?!



CASO CLINICO 1

VAS 6/10

ANESTETICI LOCALI

Maggior determinane della "potenza"

Maggiore la liposolubilità, maggiore la potenza

È il pH al quale la molecola è ionizzata 50:50

Correla con la "velocità di azione"

Più è "basso", più è "veloce"

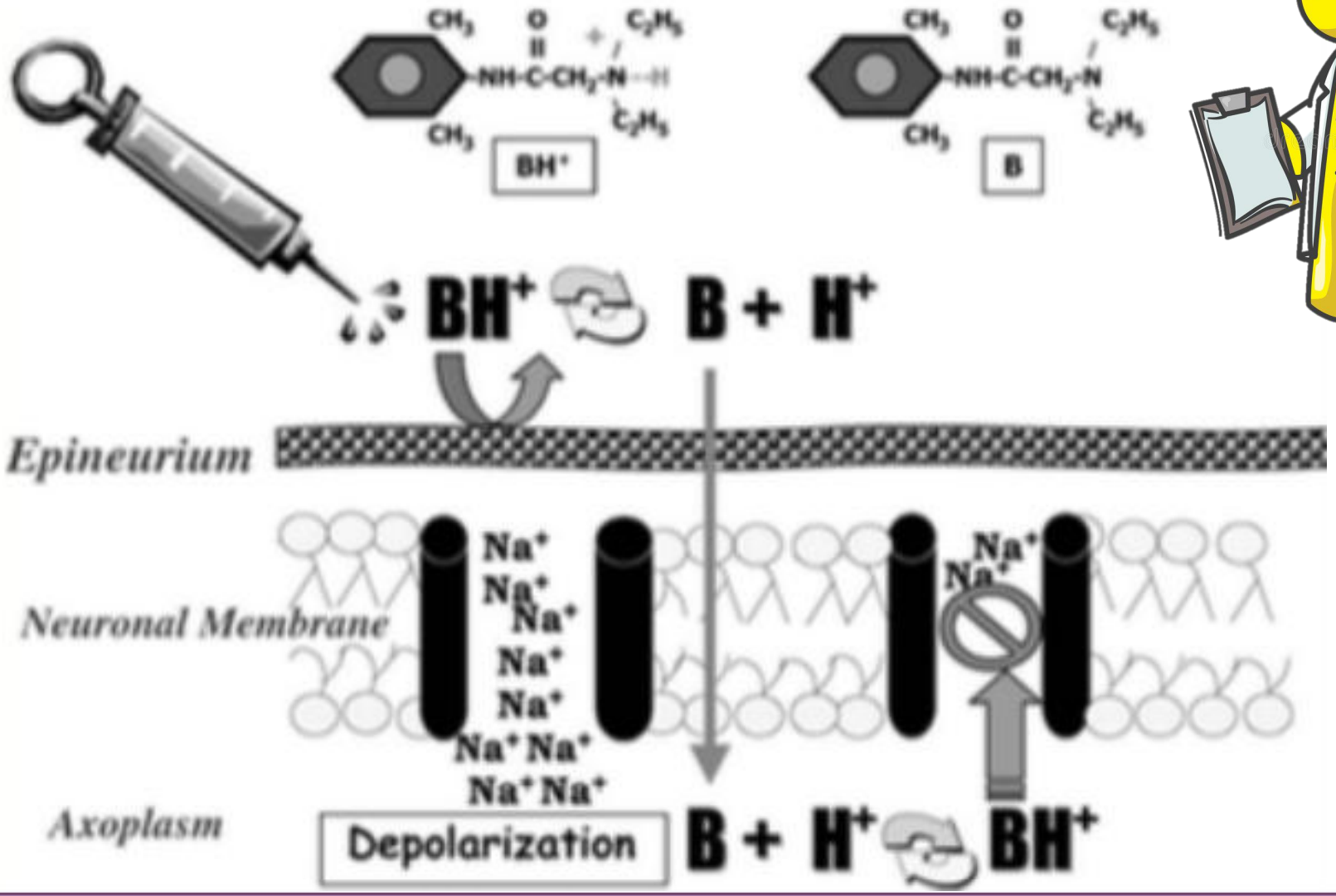
Correla con la "durata d'azione"

Proteine plasmatiche inibiscono

Forte legame con proteine recettore canali

Prevalentemente epatico

ANESTETICI LOCALI



ANESTETICI LOCALI

	Potenza /liposolubilità	pKa	Legame Proteine	Metabolismo
LIDOCAINA	++	7.9	64.3%	Epatico
MEPIVACAINA	+	7.6	77.5%	Epatico
BUPIVACAINA	+++	8.1	95.6%	Epatico
ROPIVACAINA	++	8.1	94%	Epatico

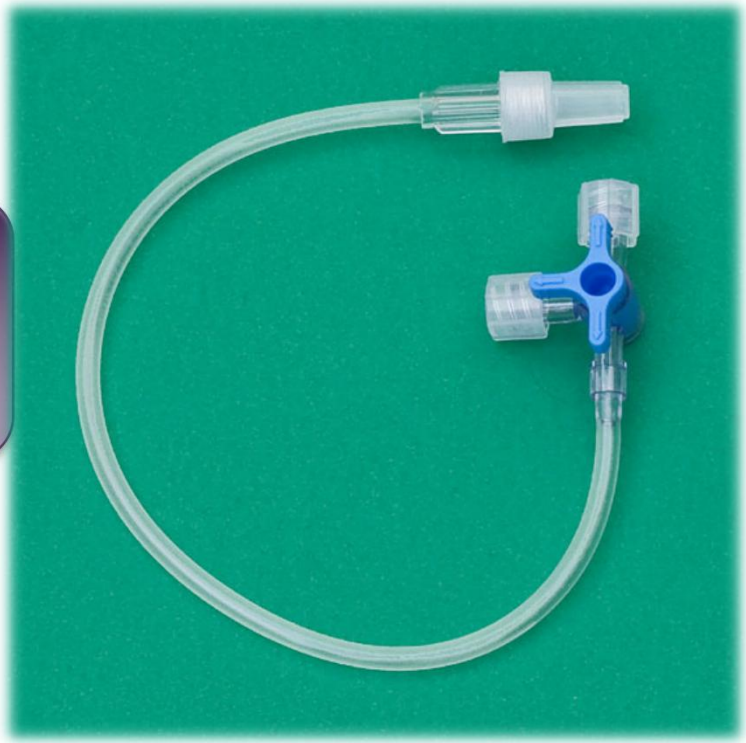
ANESTETICI LOCALI

	ONSET	DURATA	DOSE CONSIGLIATA	DOSE MASSIMA
LIDOCAINA	1-2 min	1-2h	2-3mg/Kg	200mg (20ml 1%)
MEPIVACAINA	3-7min	2-4h	2-3mg/Kg	200mg
BUPIVACAINA	5-20min	6-8h	2mg/kg	150mg
ROPIVACAINA	5-20min	6-10h	2-3mg/kg	250mg

MATERIALE OCCORRENTE

20-22G
4cm

Raccordo

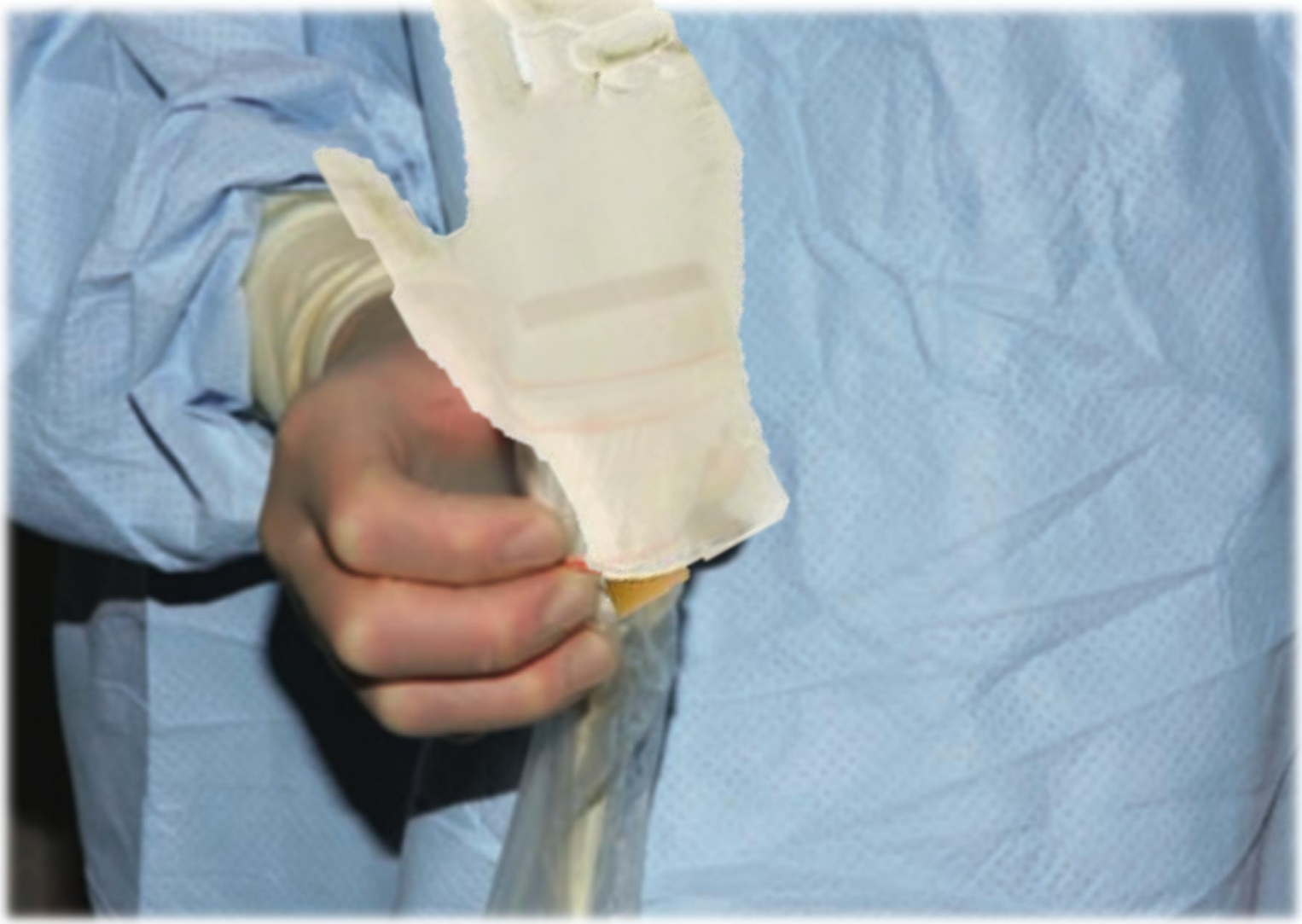


5ml

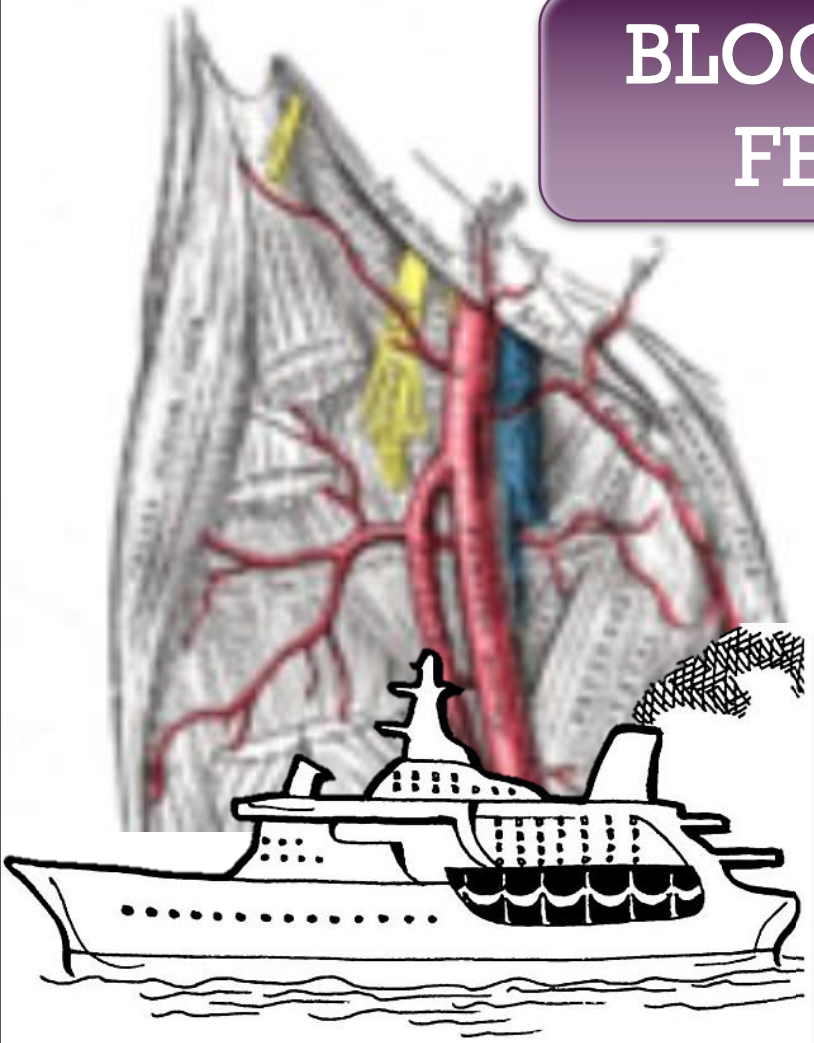
5ml

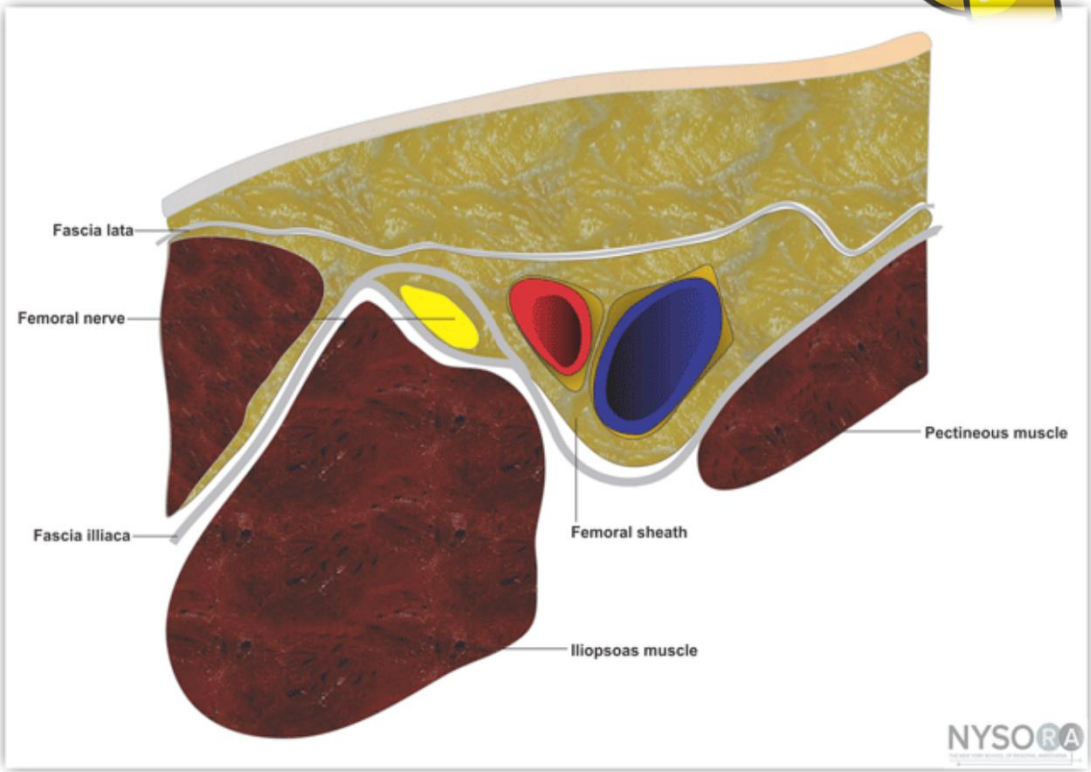
MATERIALE OCCORRENTE

MATERIALE OCCORRENTE



BLOCCO NERVO FEMORALE





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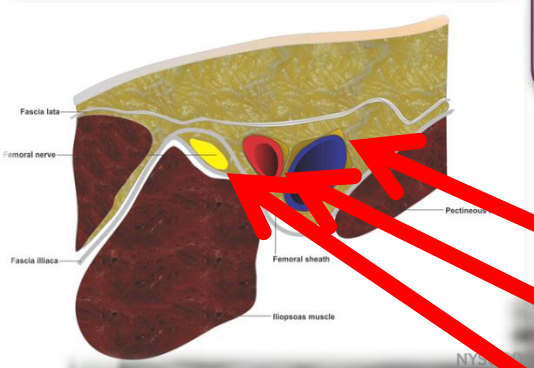

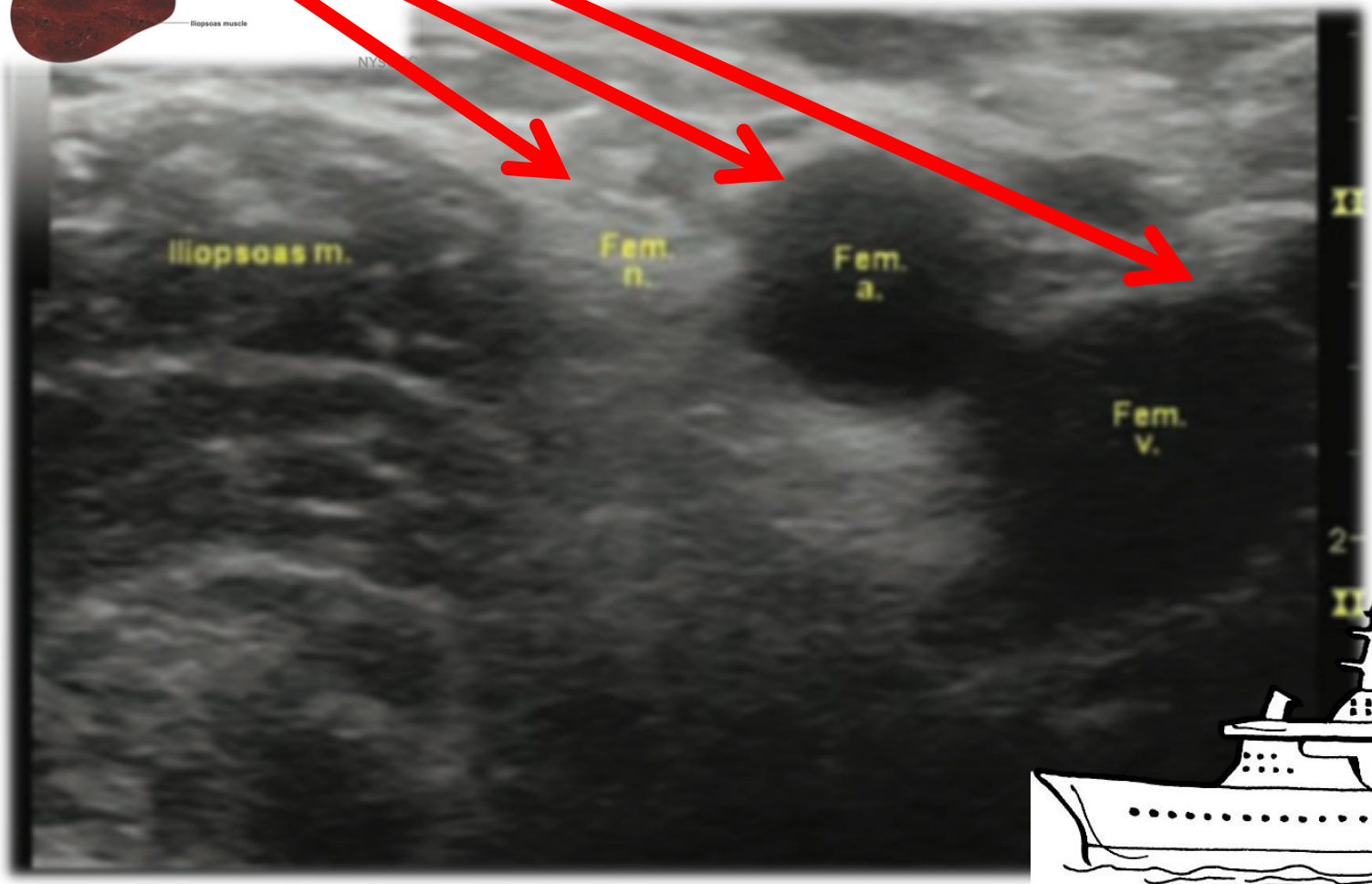

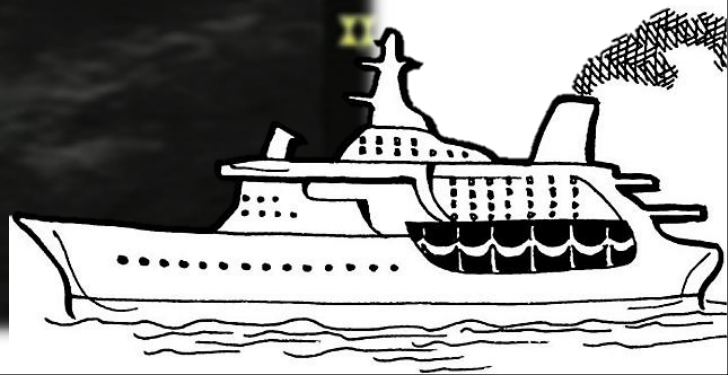

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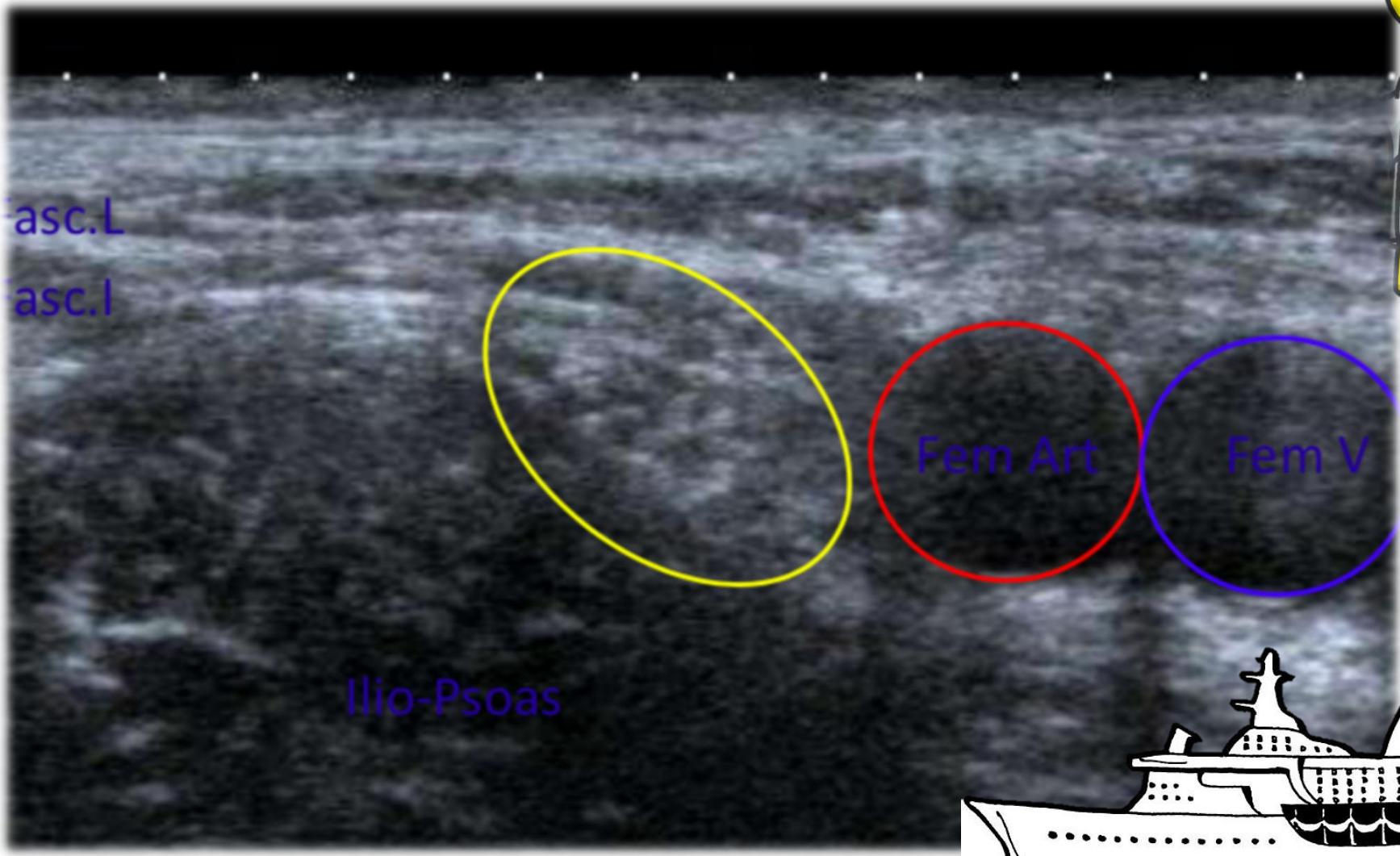

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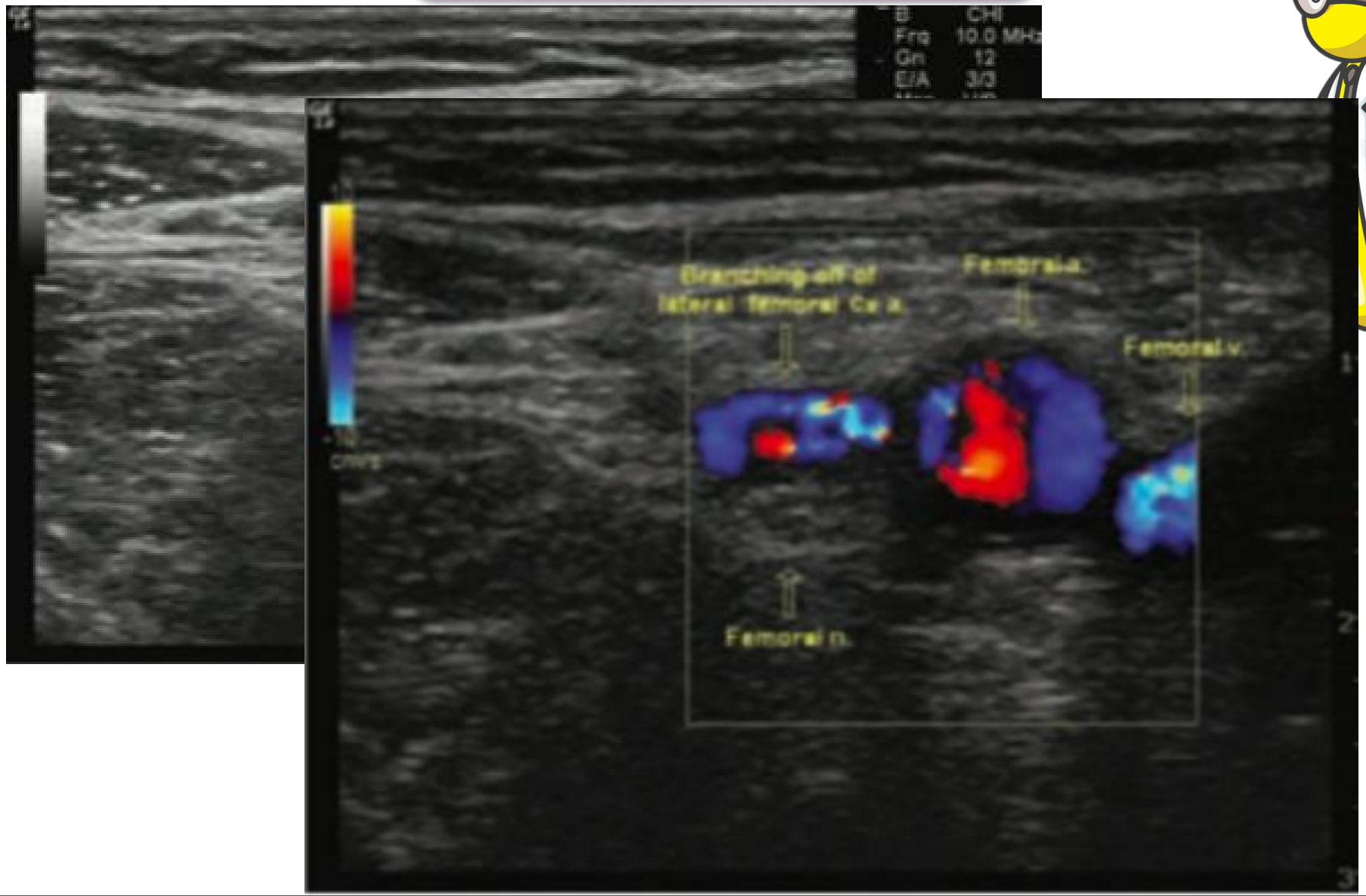

BLOCCO NERVO FEMORALE

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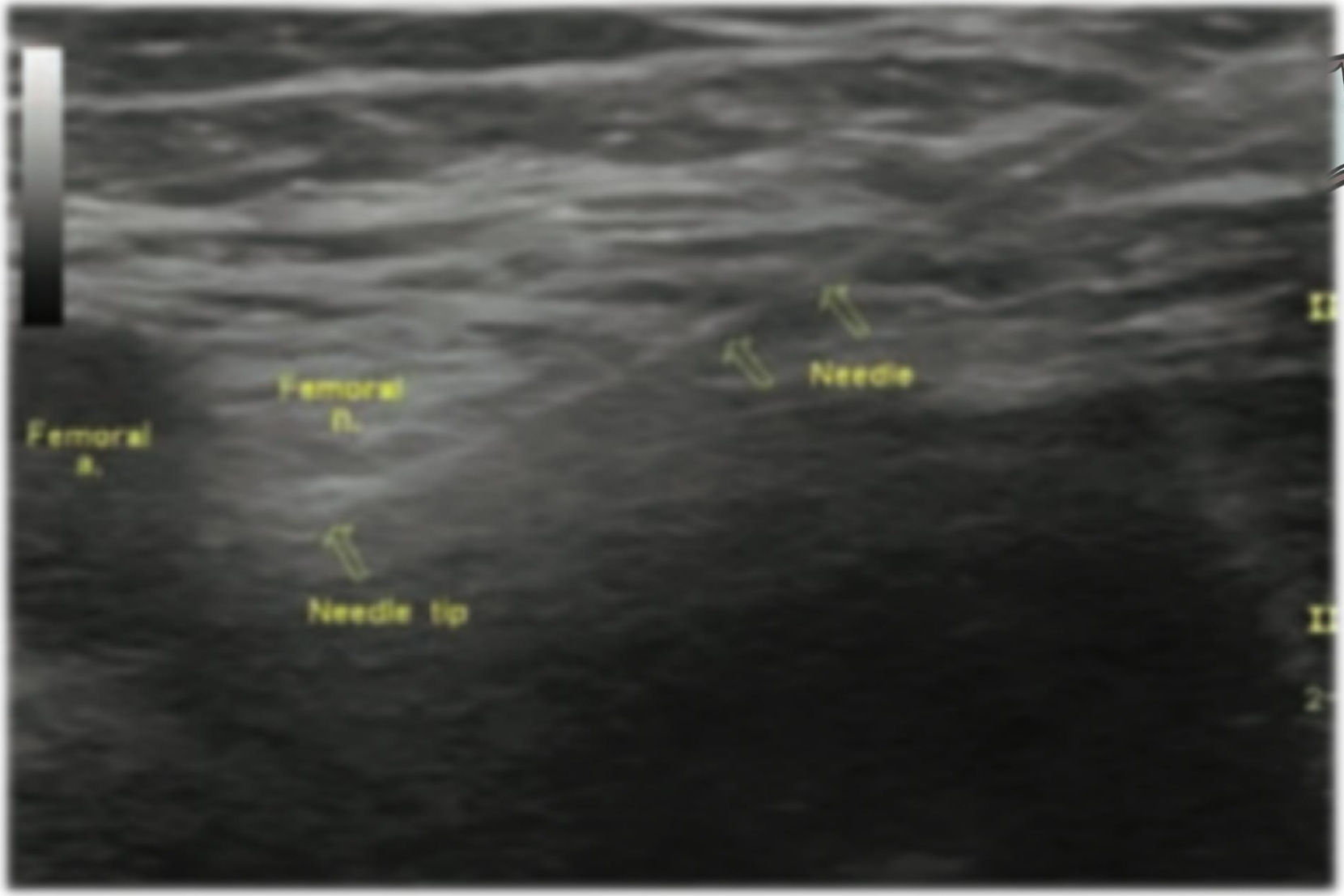

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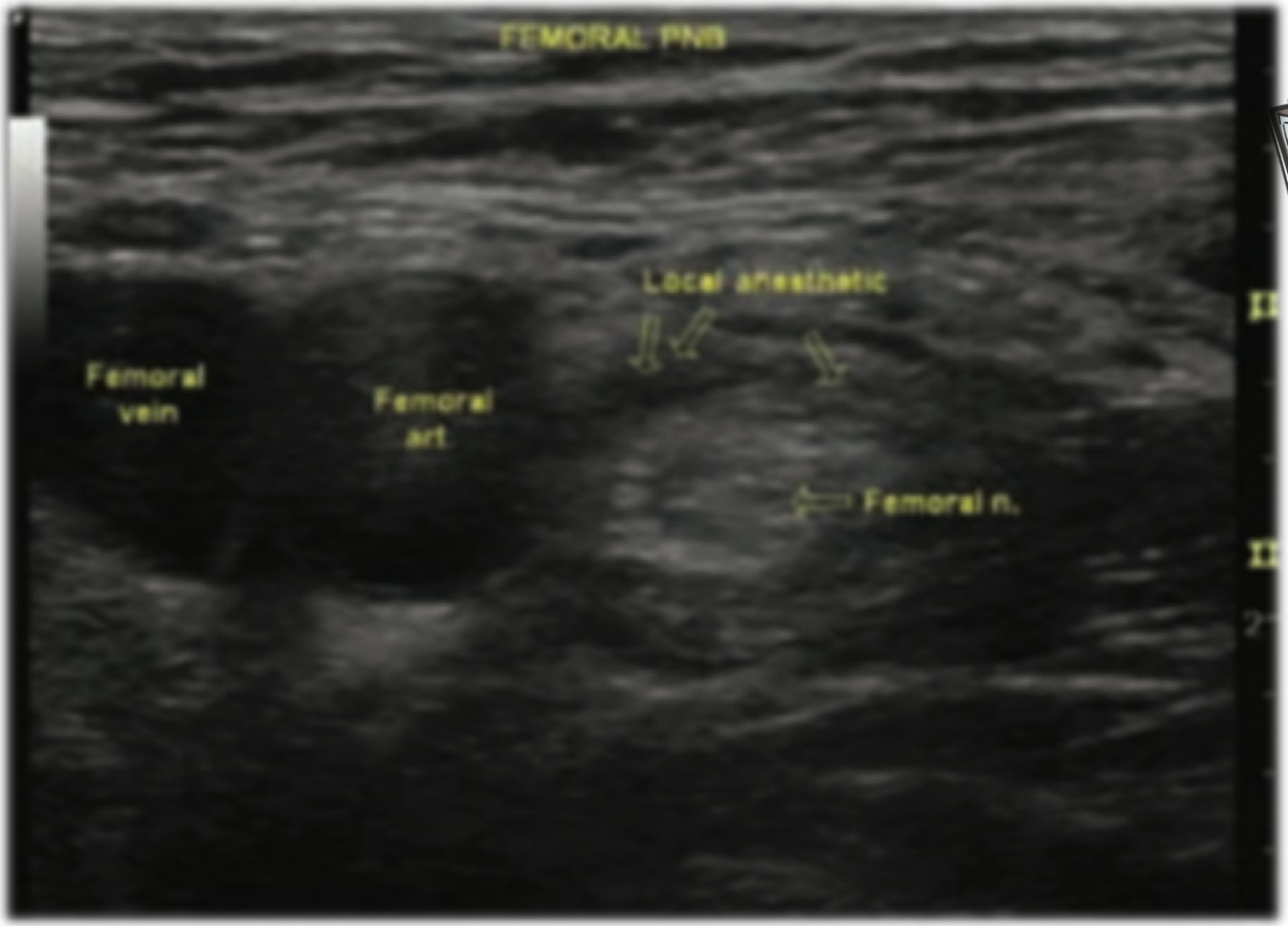
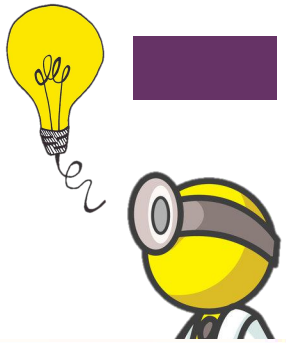


BLOCCO NERVO FEMORALE

Absolute contraindications	Relative contraindications
Patient refusal	Ipsilateral neuromuscular disease/damage
Infection over site of needle insertion	Anticoagulation or bleeding disorder[1]
Allergy to local anesthetics	Sepsis or untreated bacteremia

BLOCCO NERVO FEMORALE



SEGNI DI INT

1,5ml/Kg

ect cardiac depression
cardiac arrest
hypotension
ischemia
AV-dissociation
rrhythmia, bradycardia
ECG-widening
low output

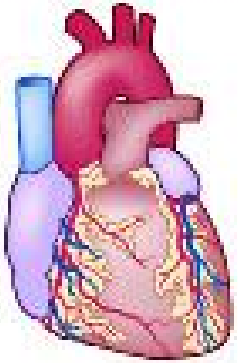
Stage of
Coma, Apnea, D

Conv
General, to

rect cardiac depression
nsion, tachycardia, arrhythmia

Precon
Tremor, Tinnitus
of co

Fi
Numbness, met



CASO CLINICO 2

h00:13;Thomas, 19 anni. Portato perchè dopo caduta ha dolore gomito sx… *alitus alcolico!*

…perdeva equilibrio cadendo all'indietro…non trauma cranico, assistito dagli amici!

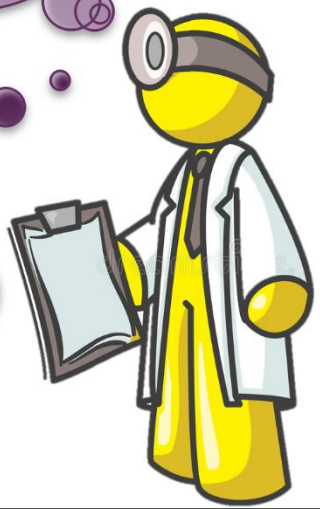
CASO CLINICO 2

PARAMETRI VITALI

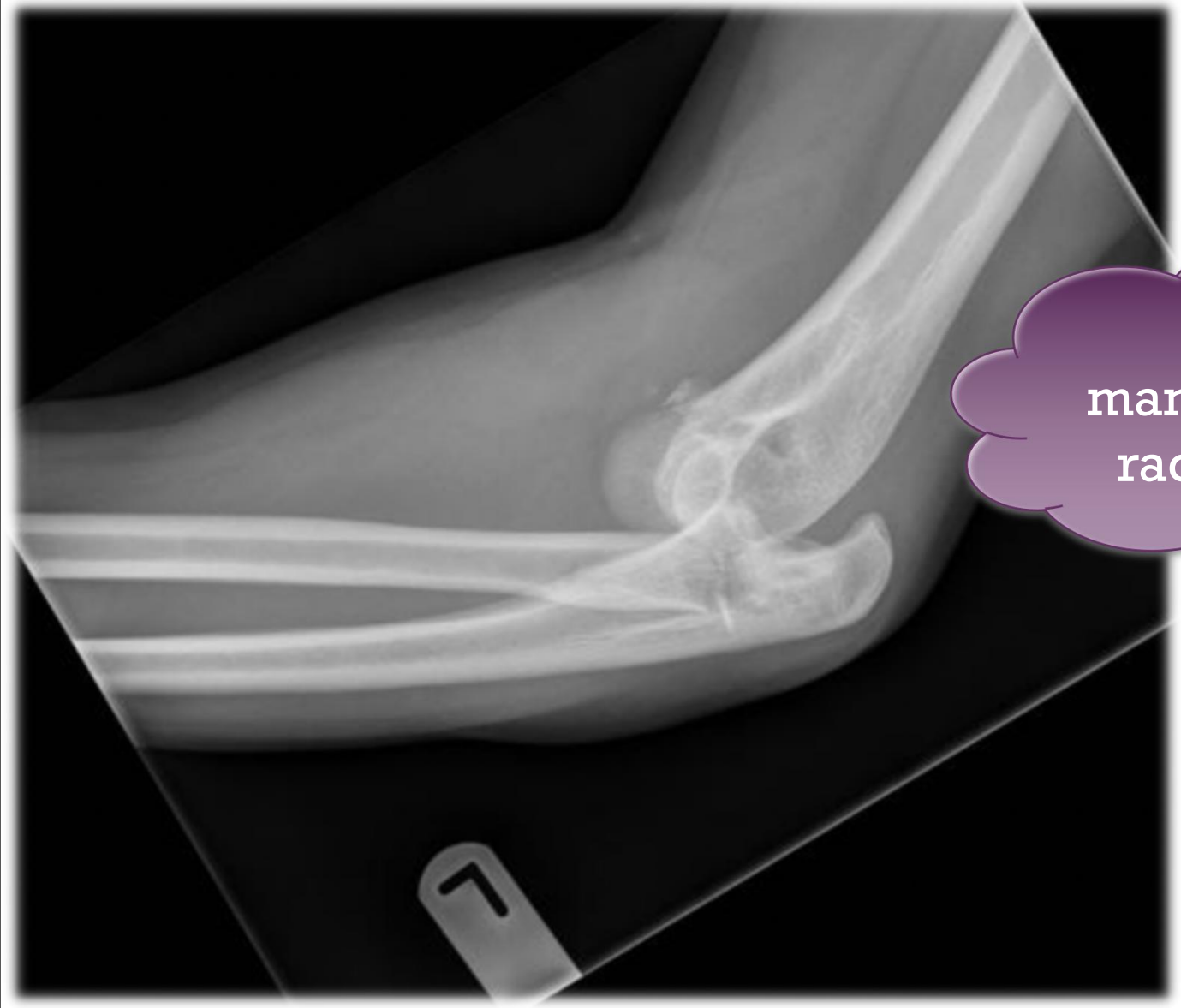
PA: 110/860
FC 95 bpmR
SatO2:99% inaa
Tc 37.4°
FR: 18
VAS 8/10
GCS: 15/15

Come controllo il dolore?

Devo reperire accesso venoso?

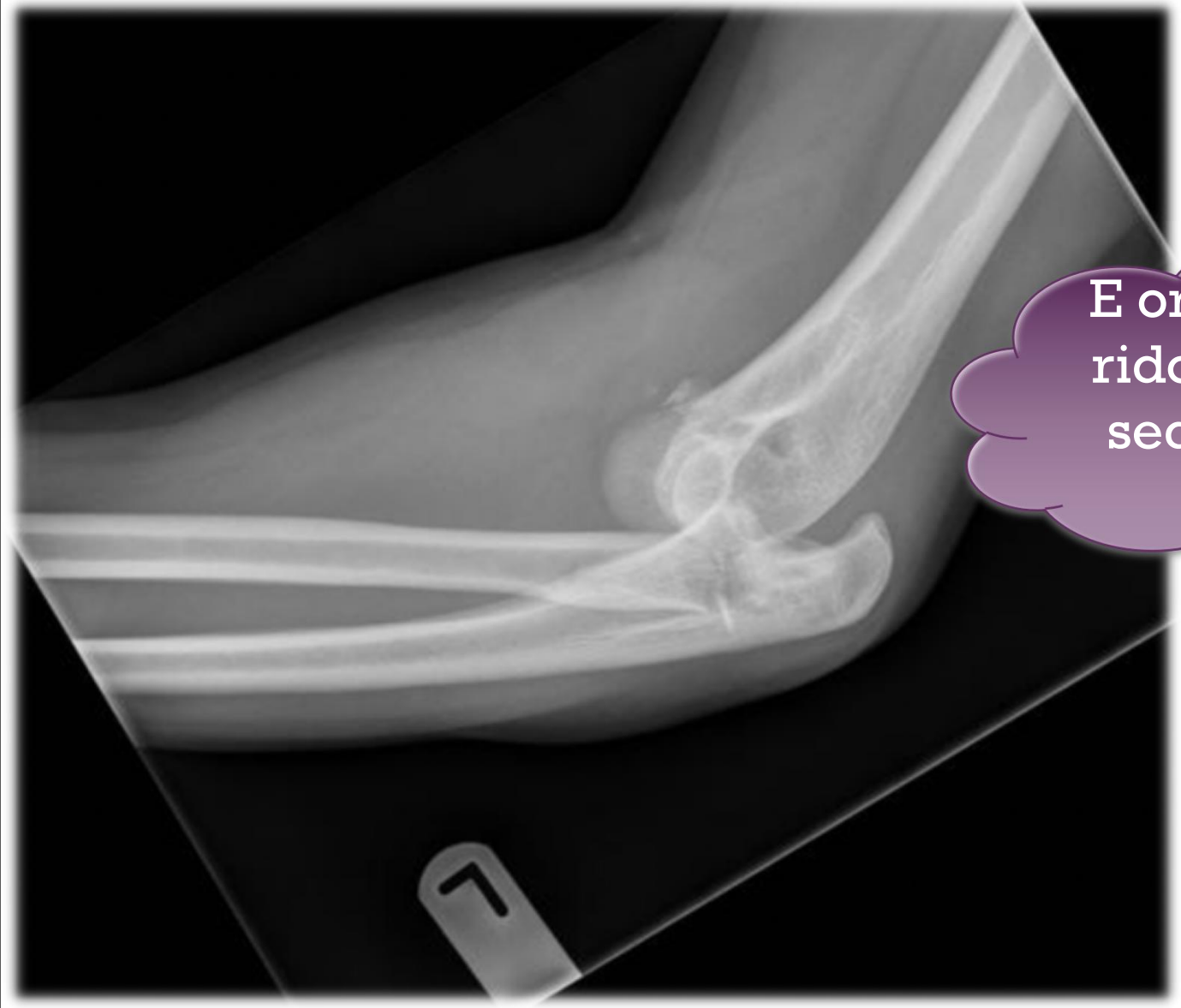


CASO CLINICO 2



Intanto mandiamolo in radiologia…

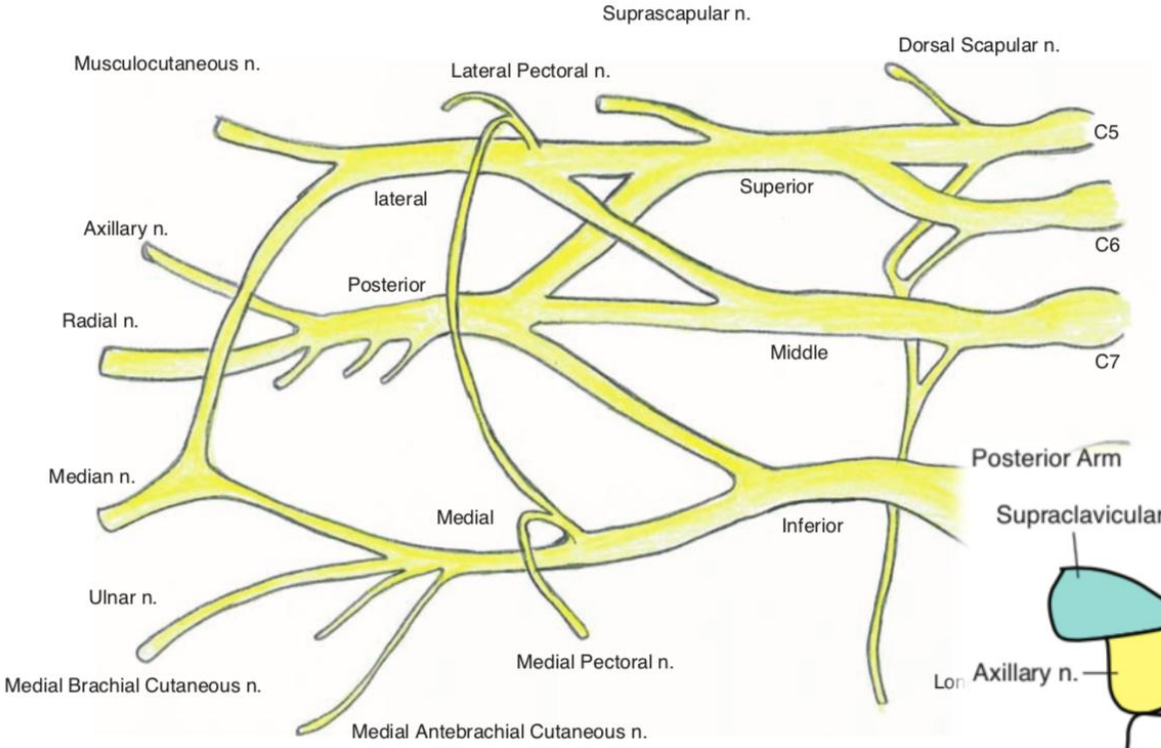
CASO CLINICO 2

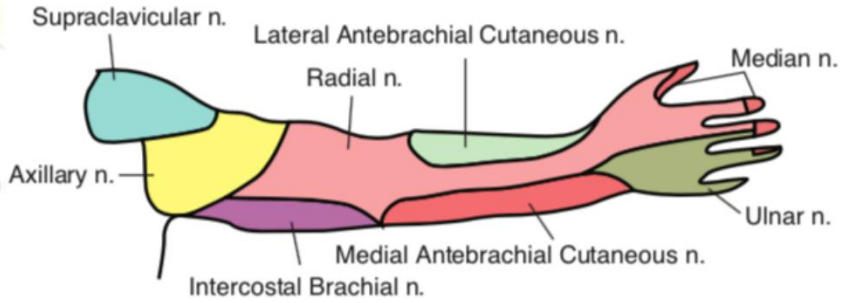


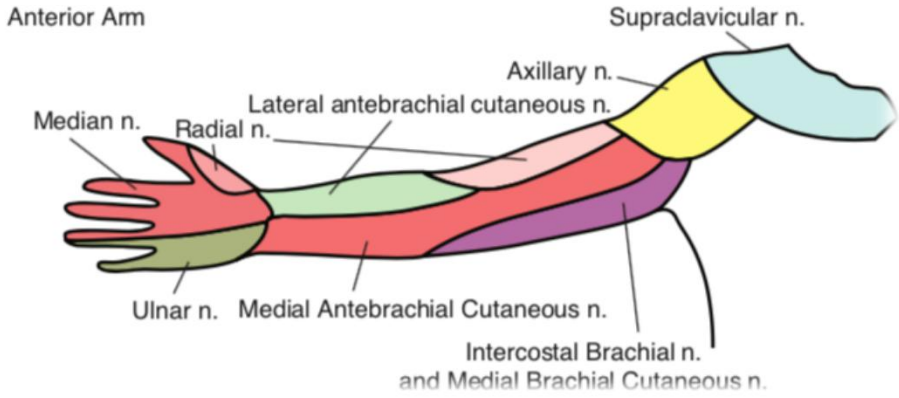
CASO CLINICO 2

VAS 6/10

BLOCCO PLESSO BRACHIALE







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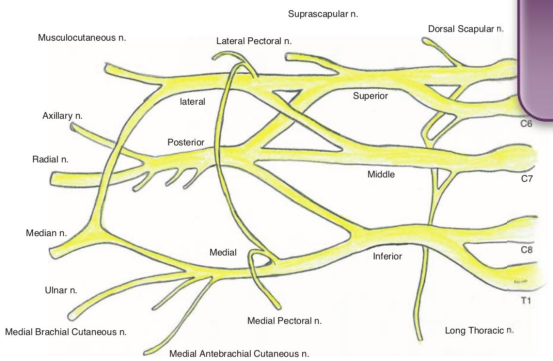

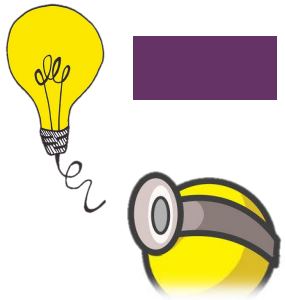

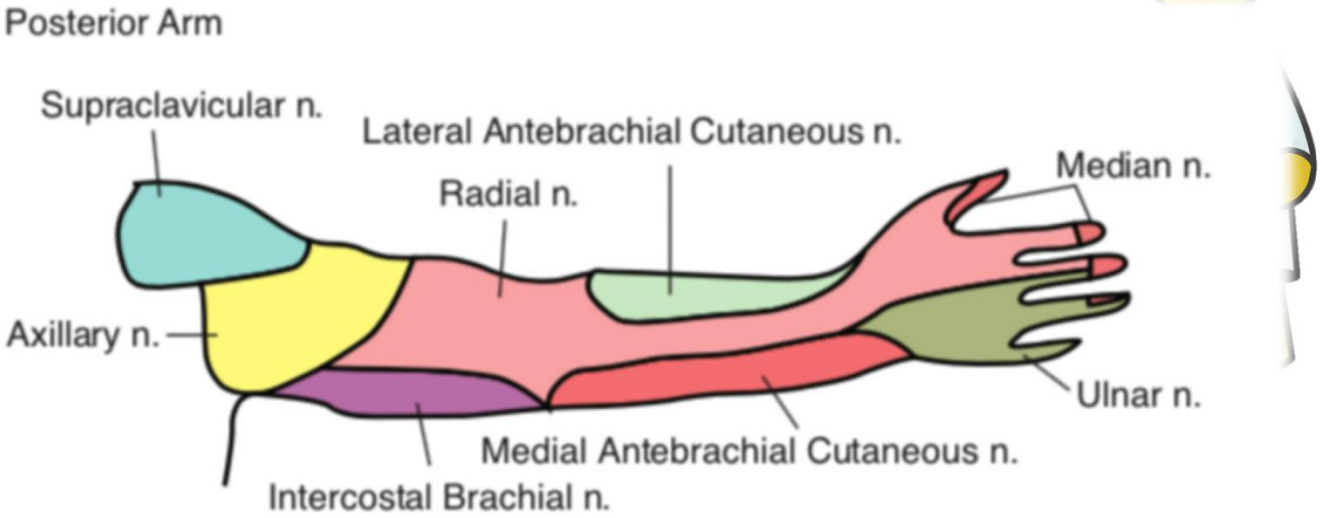

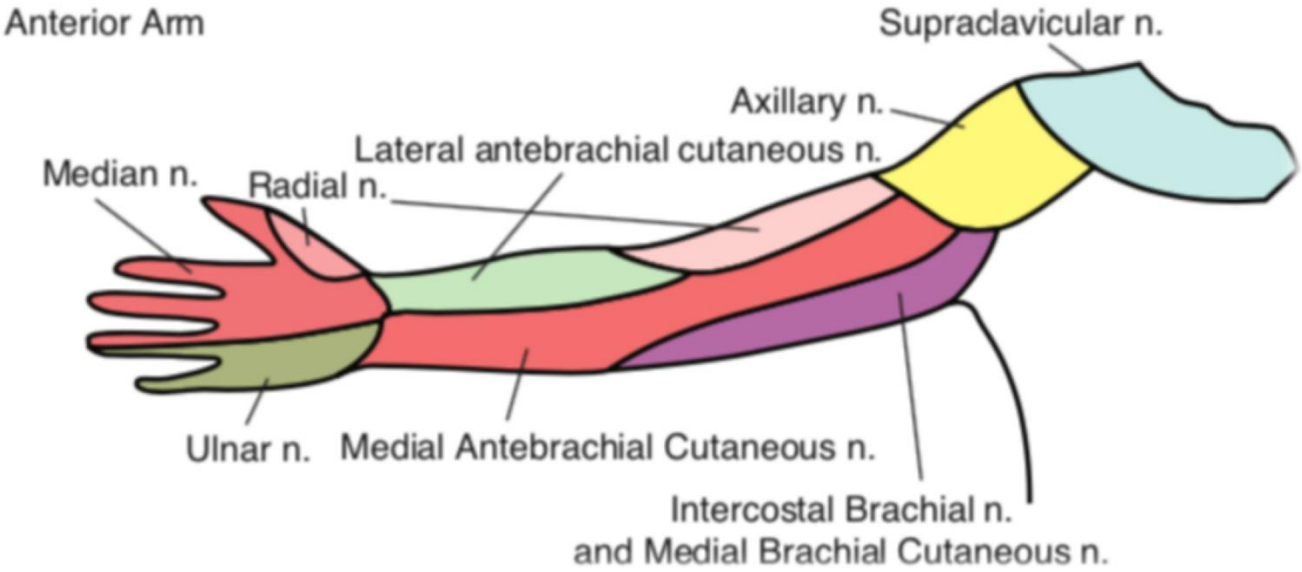

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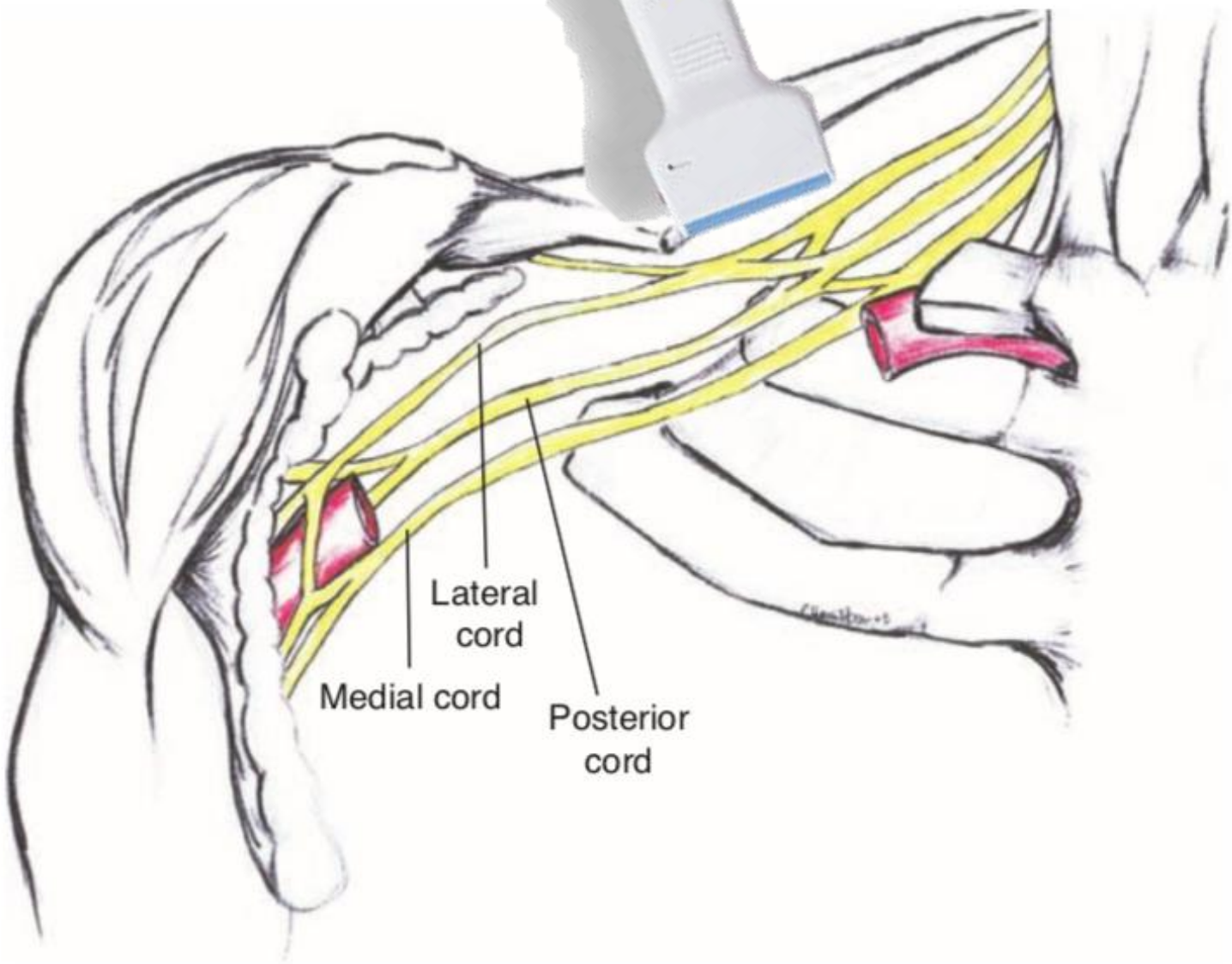

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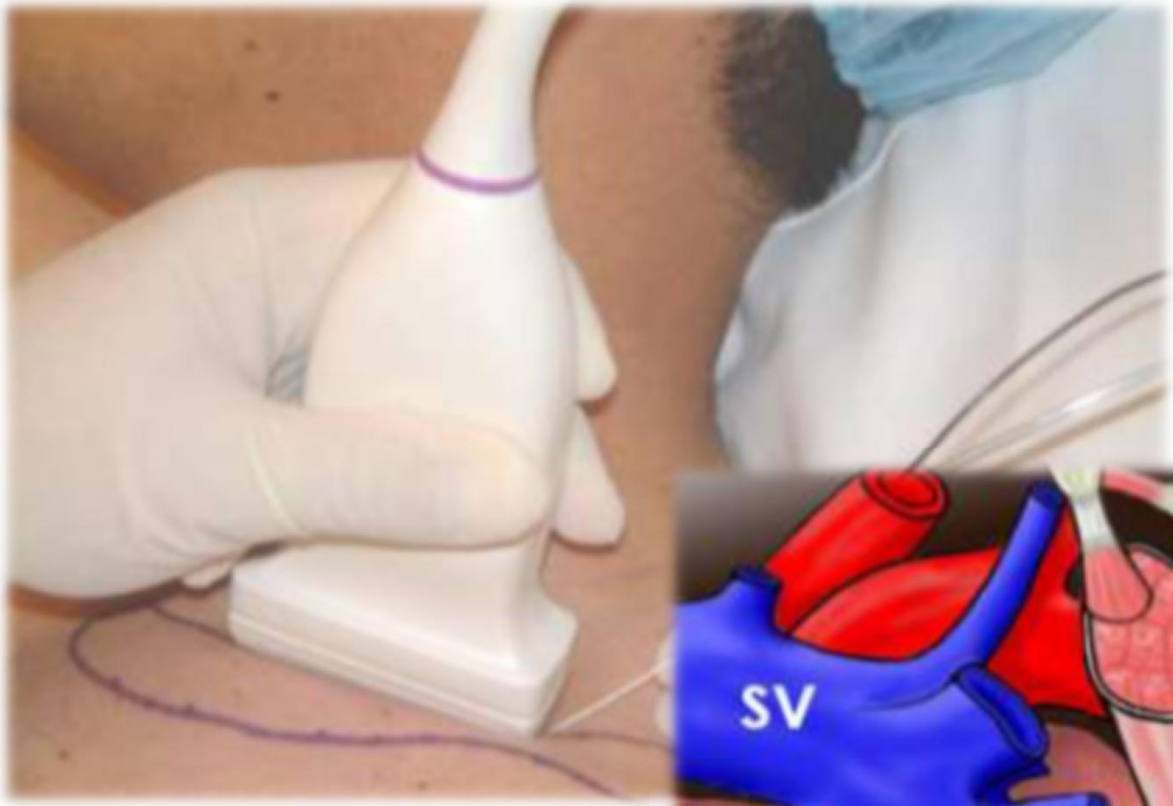

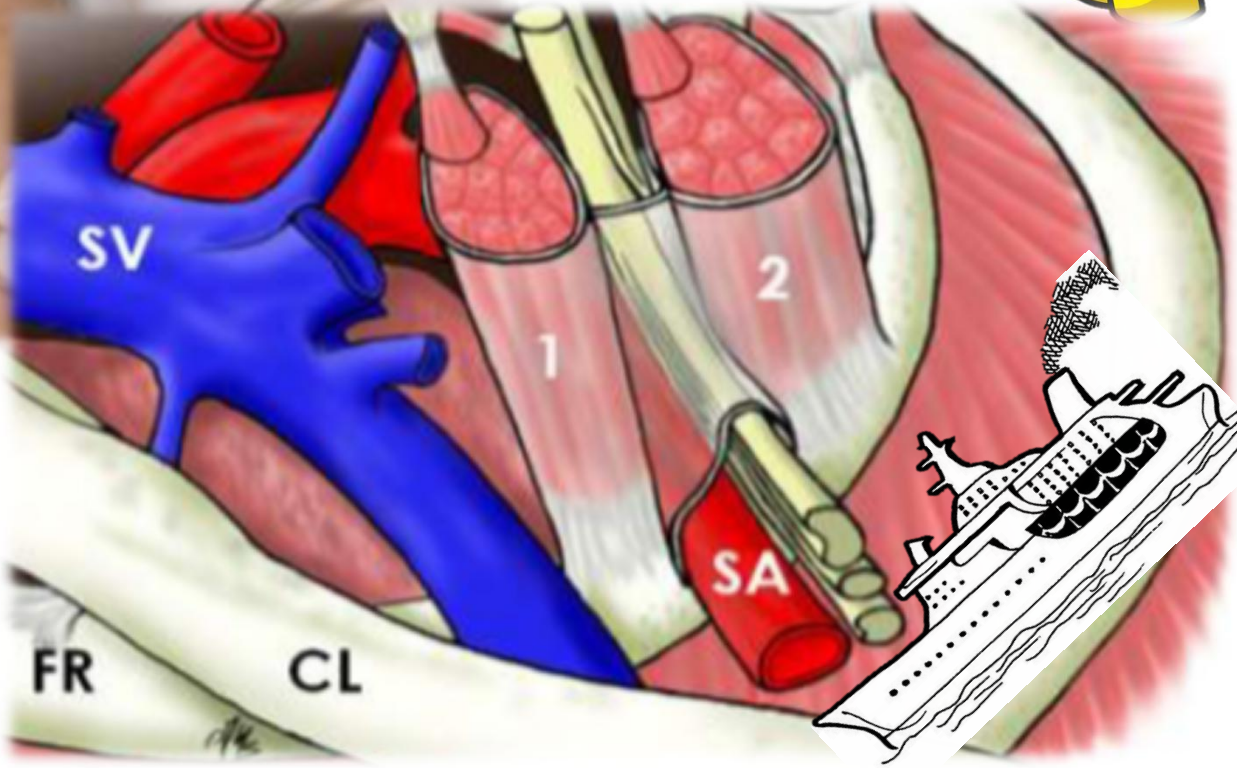

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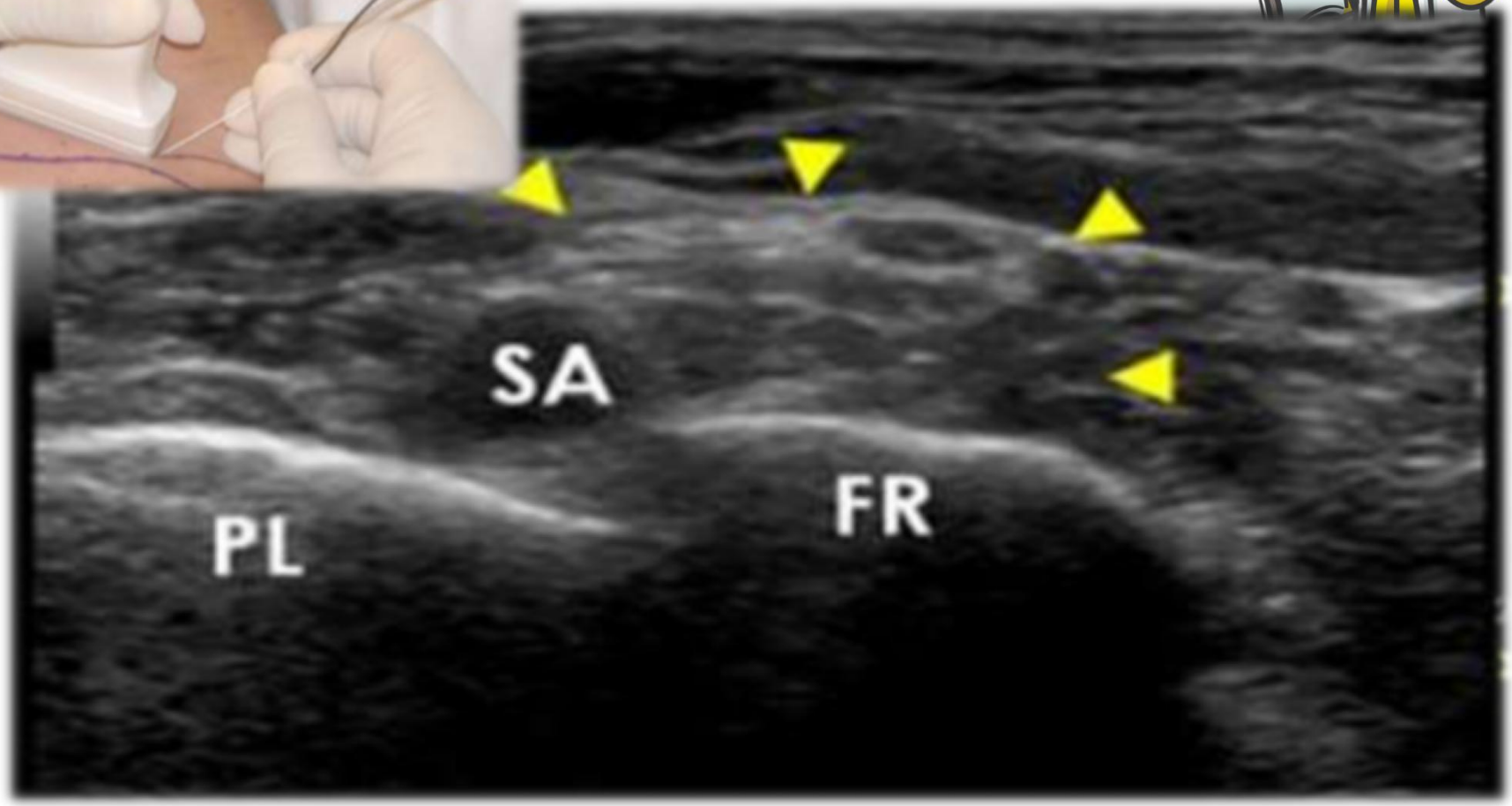

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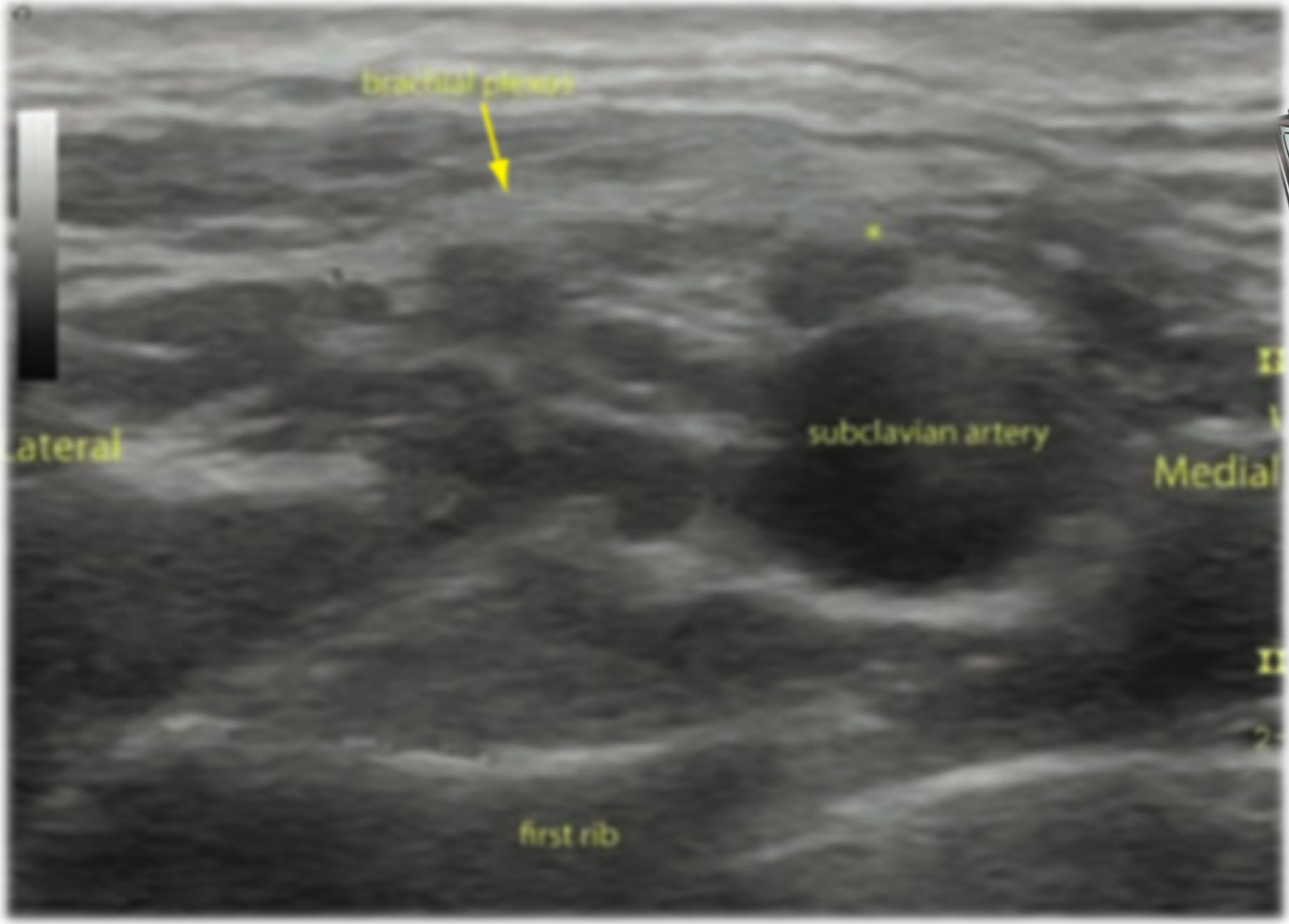
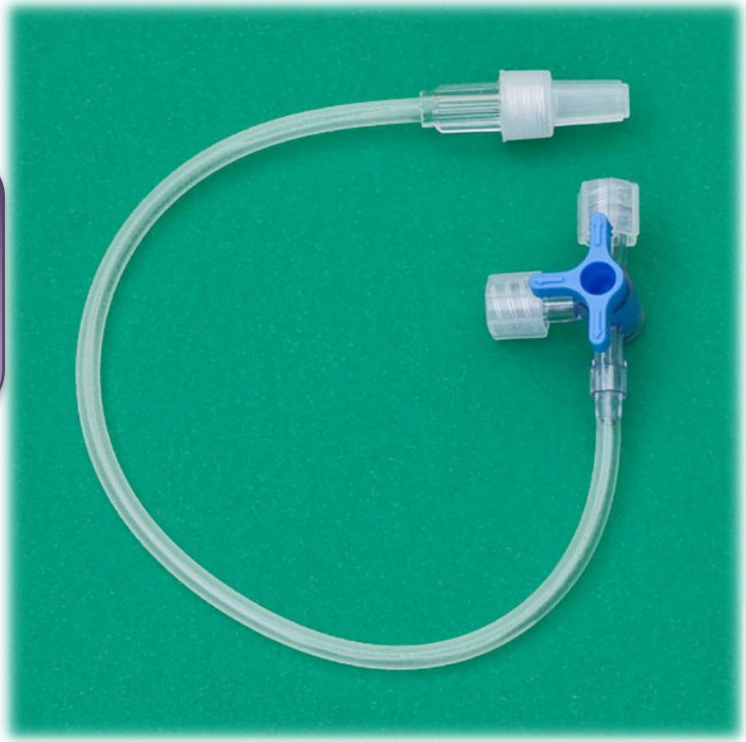


MATERIALE OCCORRENTE

20-22G
5cm

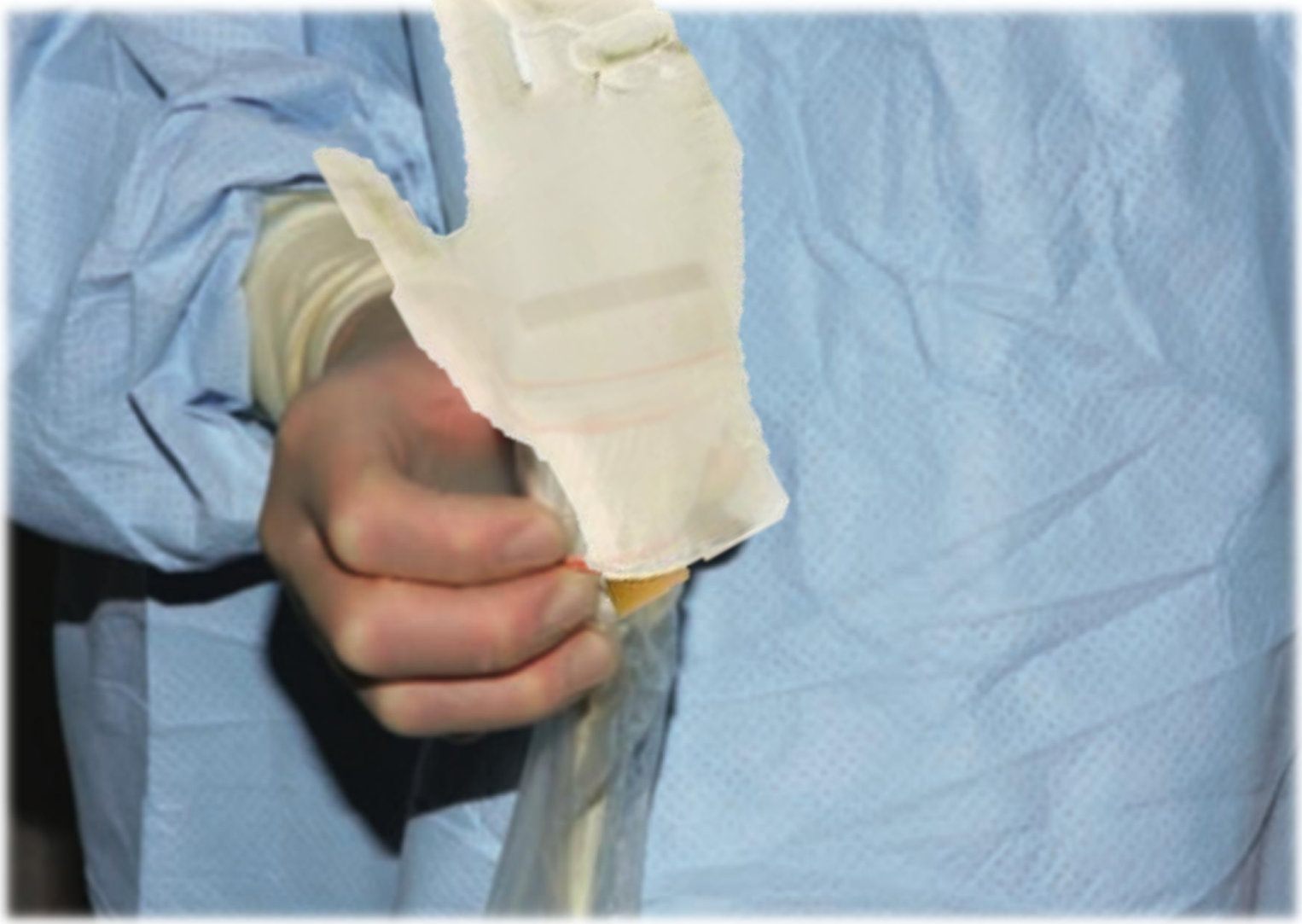
Raccordo



10-20ml

MATERIALE OCCORRENTE

MATERIALE OCCORRENTE



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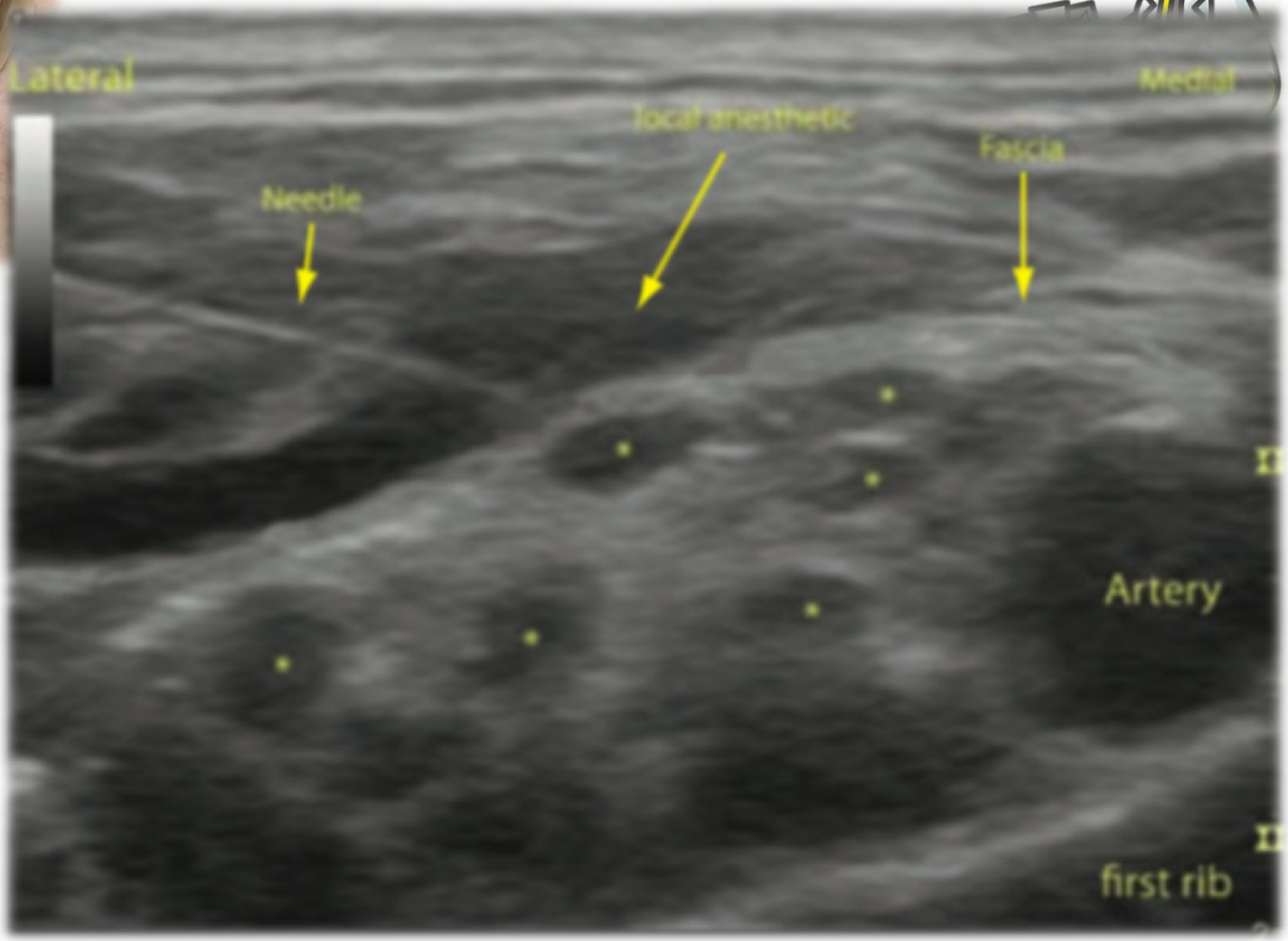

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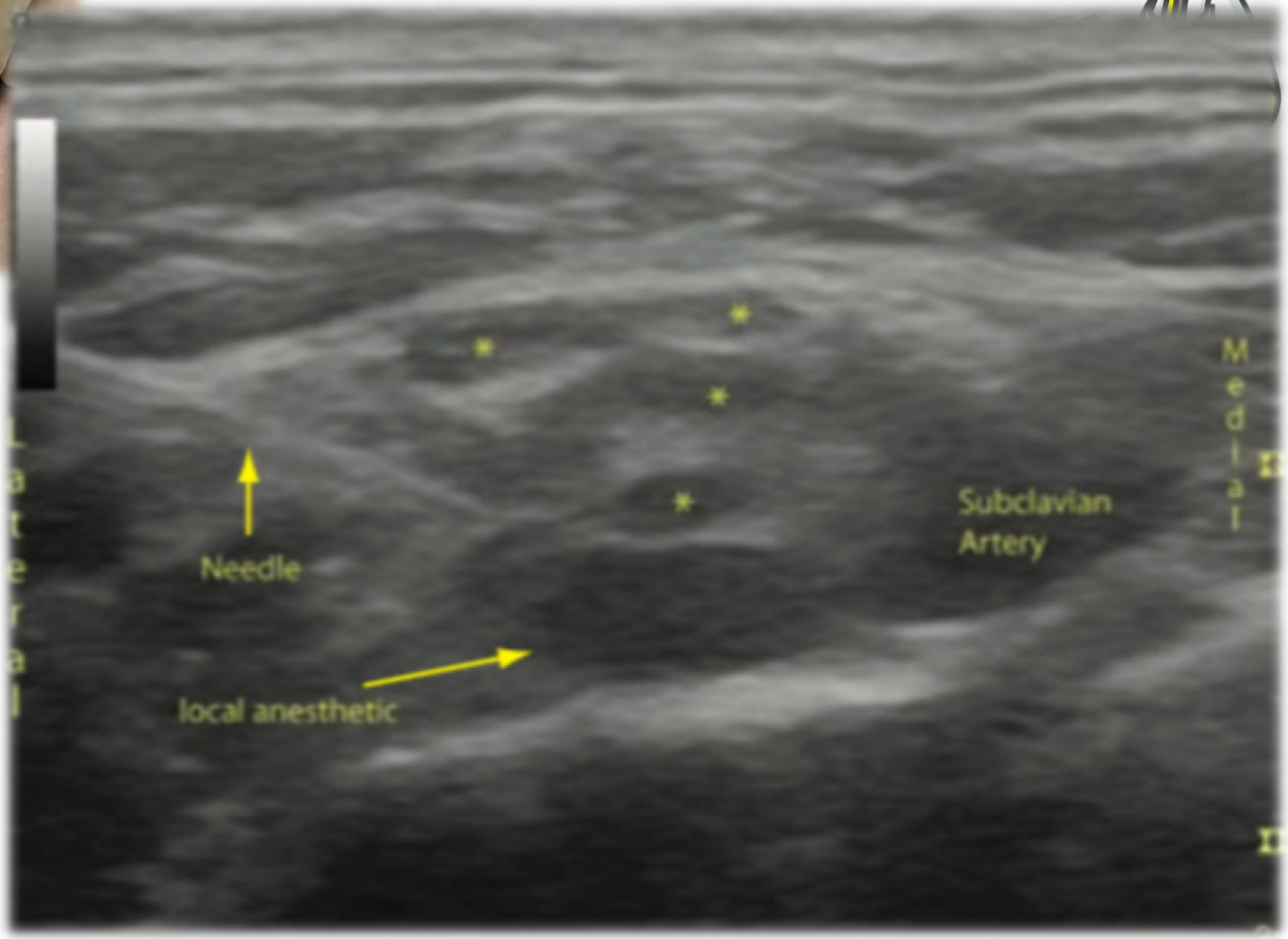


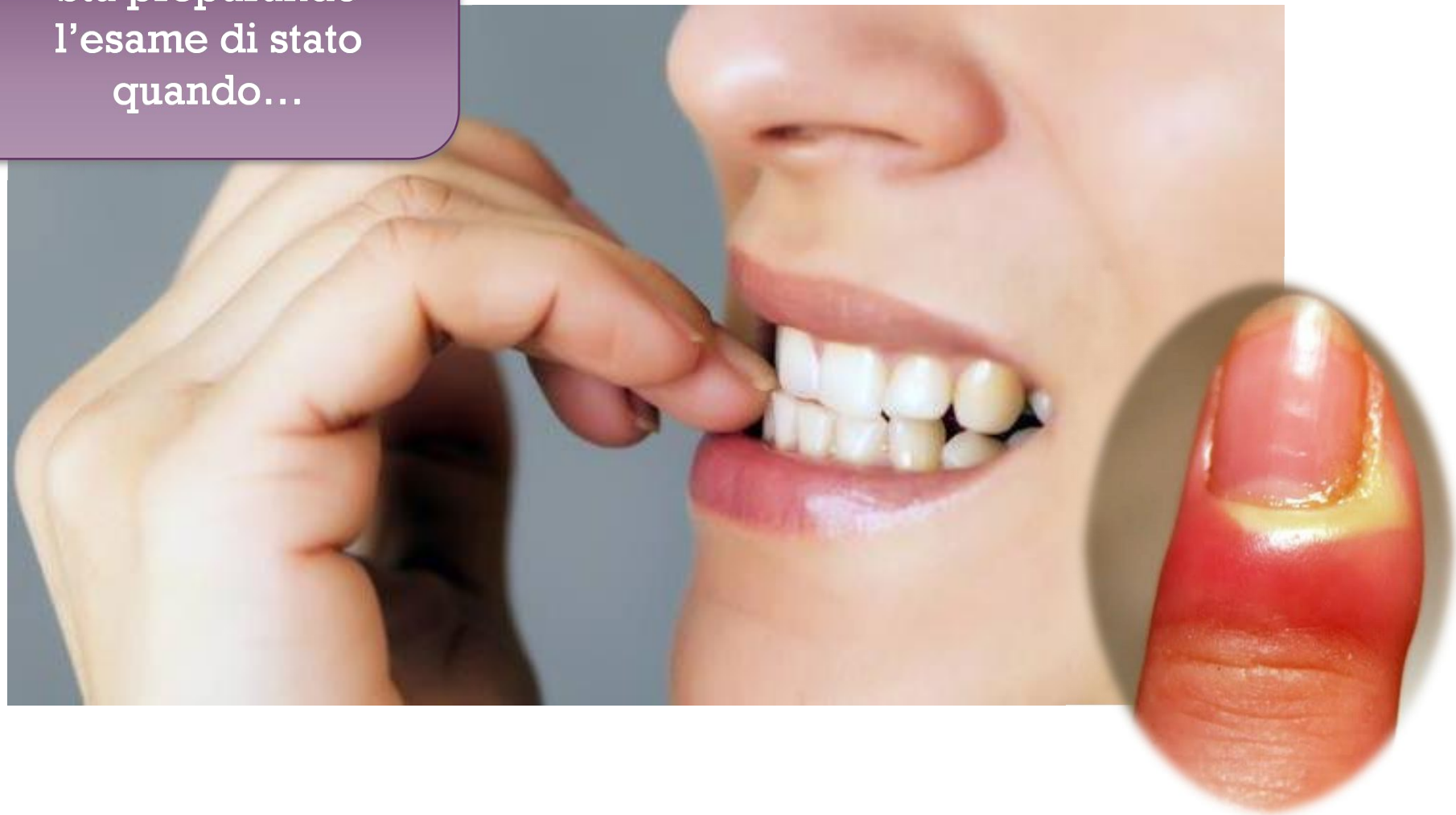
BLOCCO PLESSO BRACHIALE

- S. Horner
- Blocco nervo frenico
- Blocco sensitivo-motorio braccio

- Pneumotorace
- Chilotorace
- Iniezione intravascolare

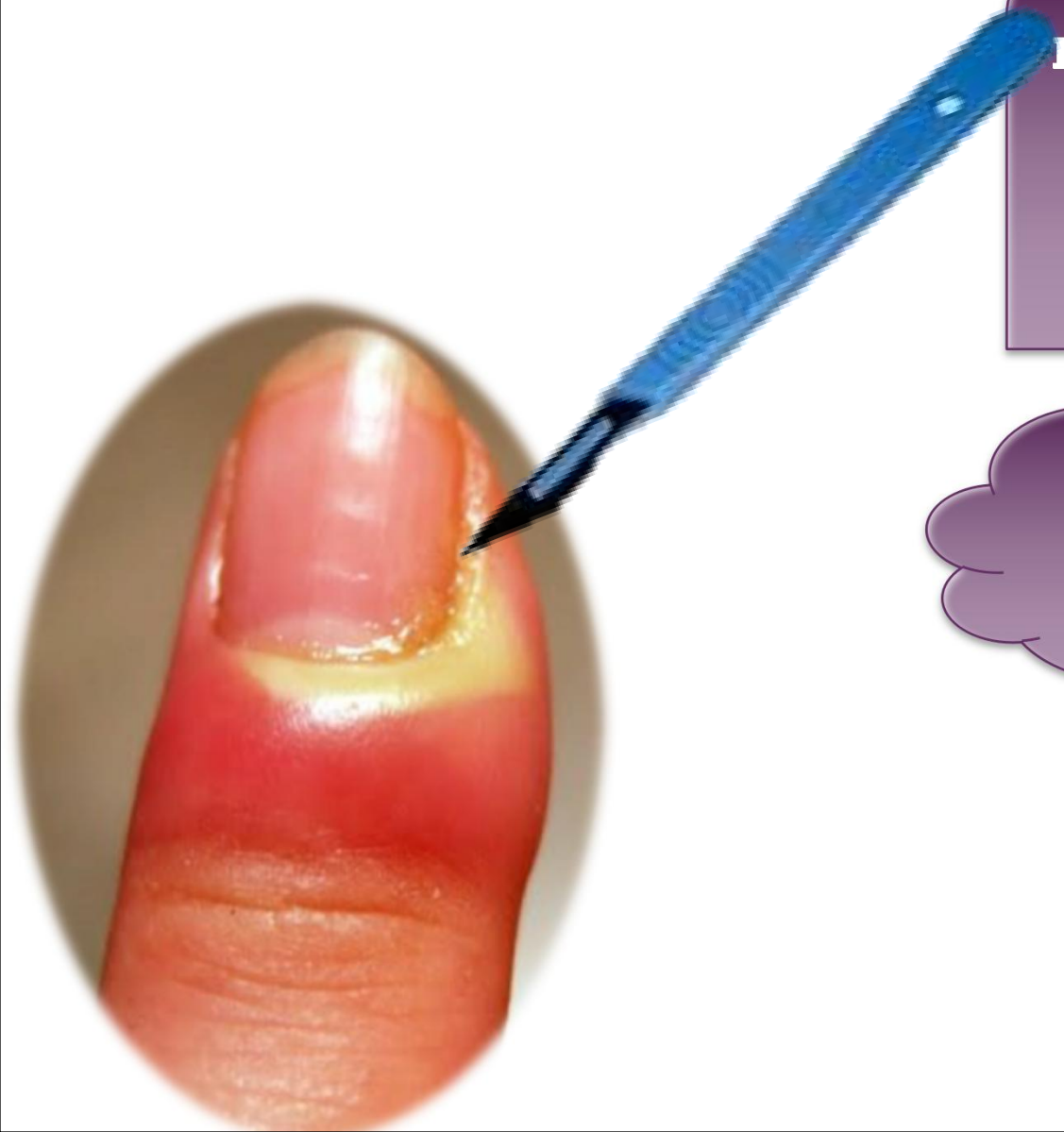
CASO CLINICO 3

H17:30;Marta, 19 anni. Sta preparando l'esame di stato quando…



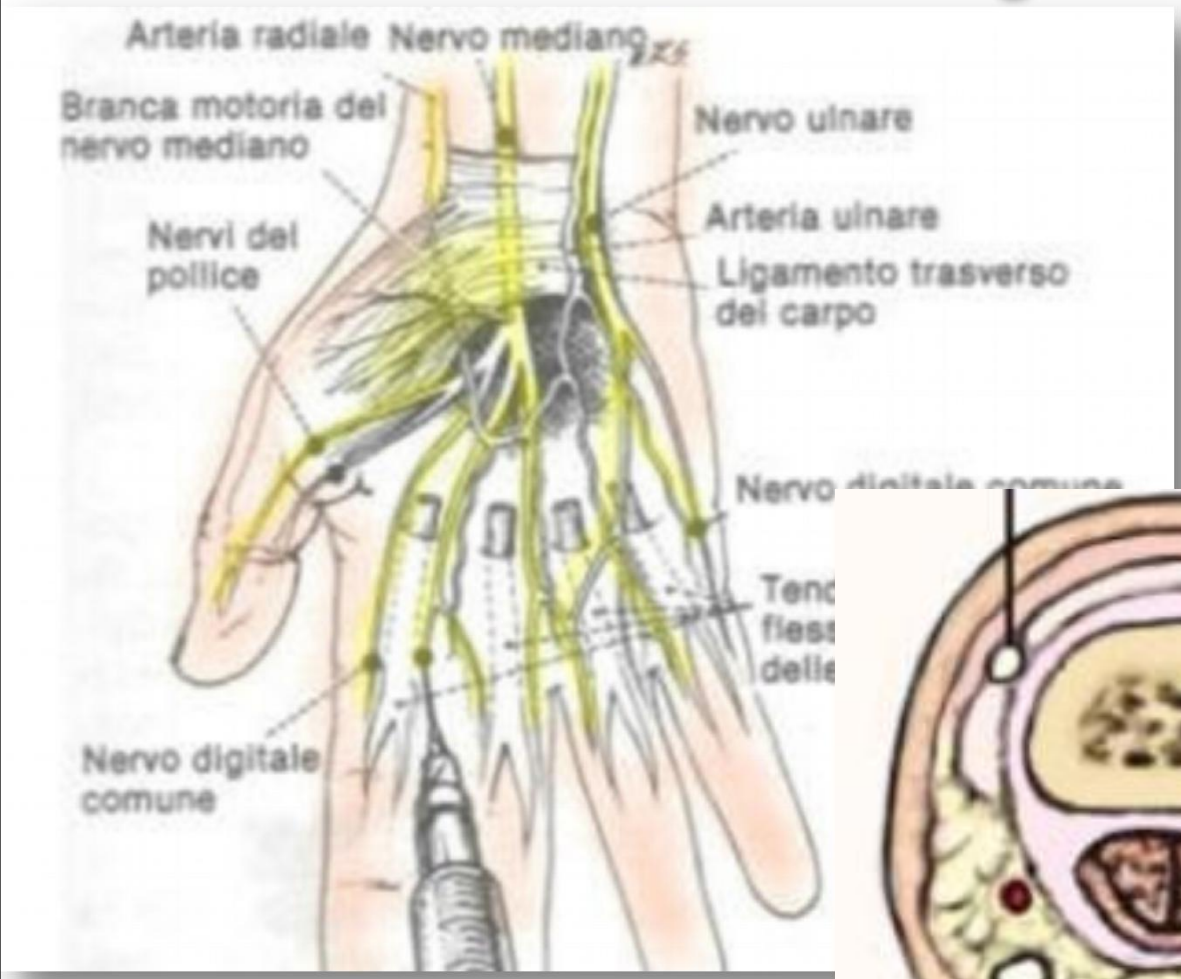
CASO CLINICO 3

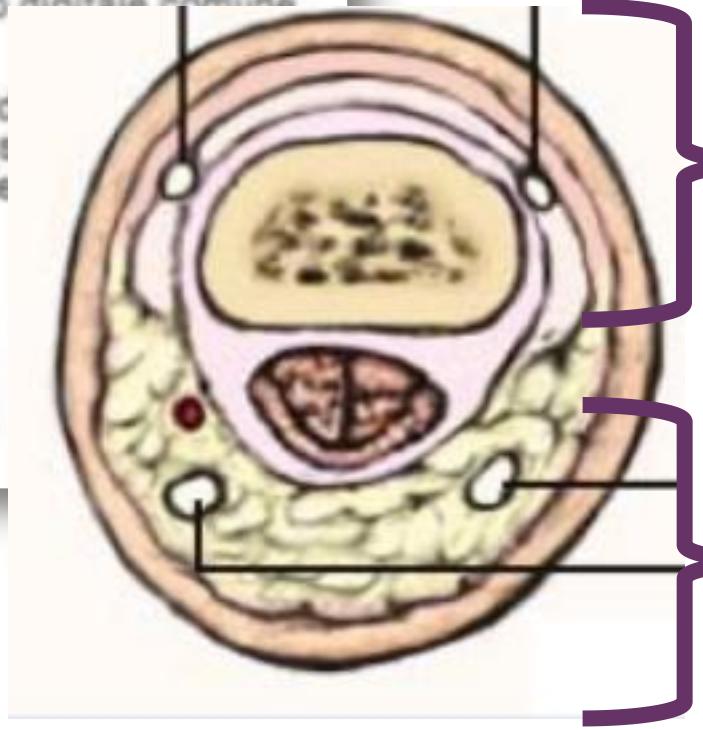
PARAMETRI VITALIFC 95 bpmR
SatO2:99% inaa
Tc 37°
FR: 18
VAS 10/10



Come controllo il dolore?

Blocco N. Interdigitali



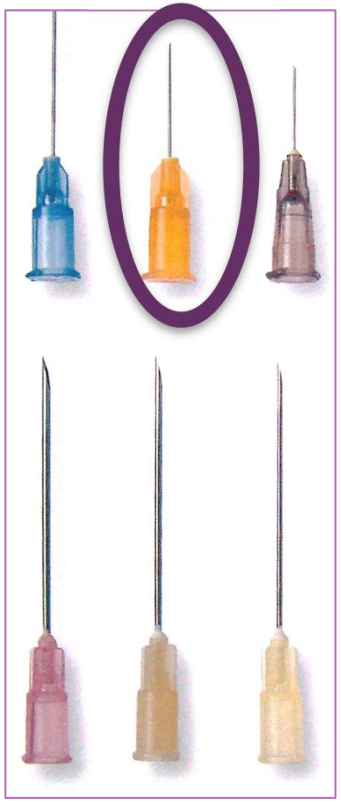


N. Digitale DORSALE

N. Digitale PALMARE

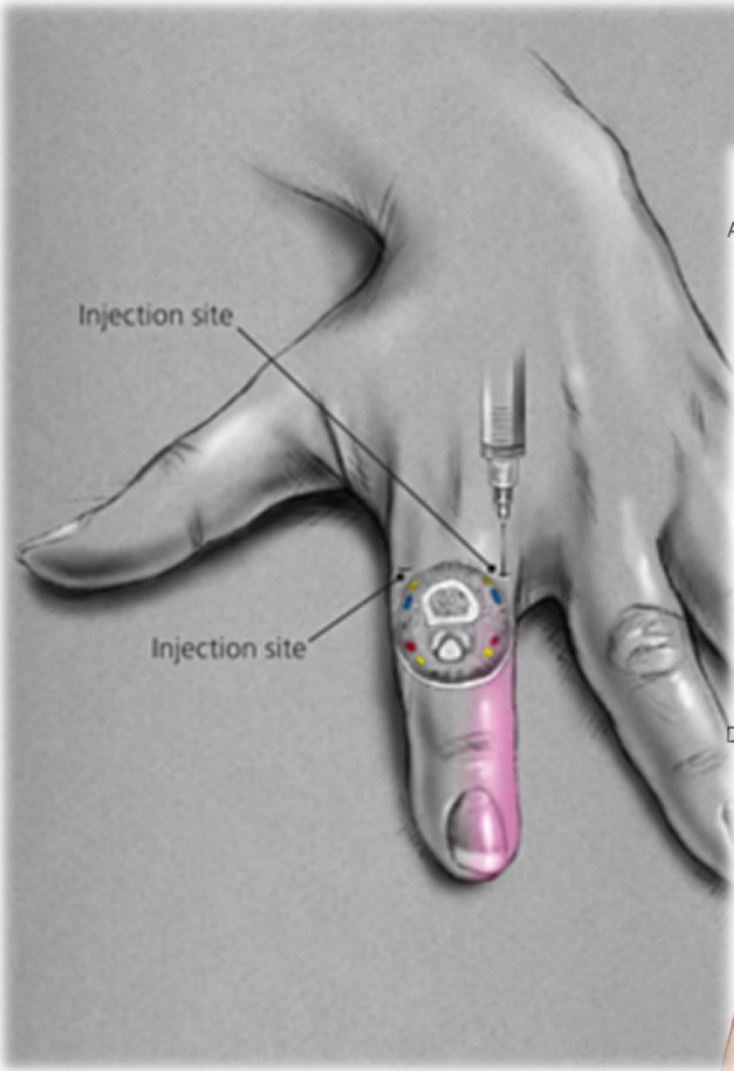
Blocco N. Interdigitali

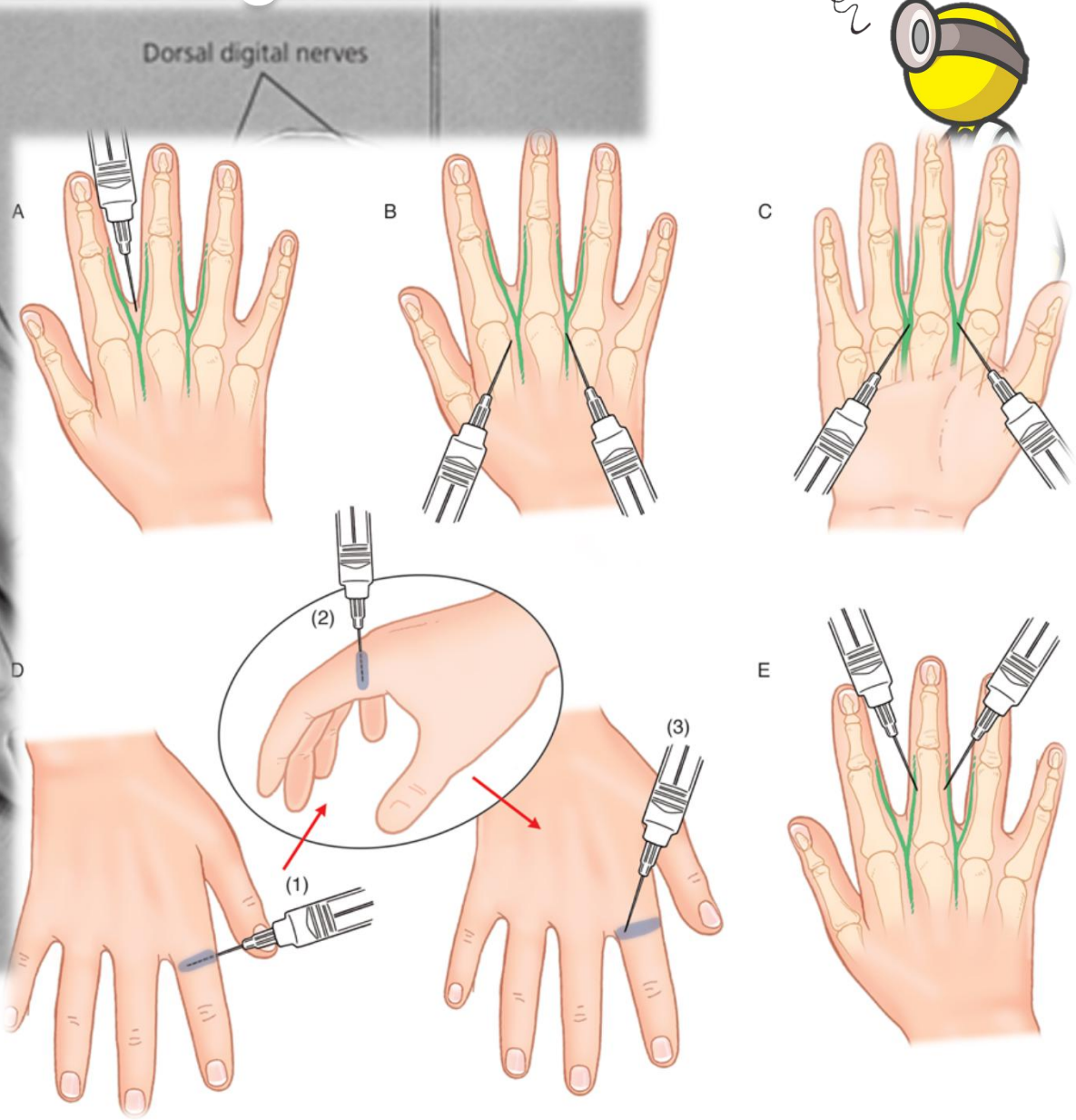
VAS 6/10



4-5 ml

Blocco N. Interdigitali





CASO CLINICO 4

H19:30. Aldo, 79 anni viene da voi "imbarazzato"…

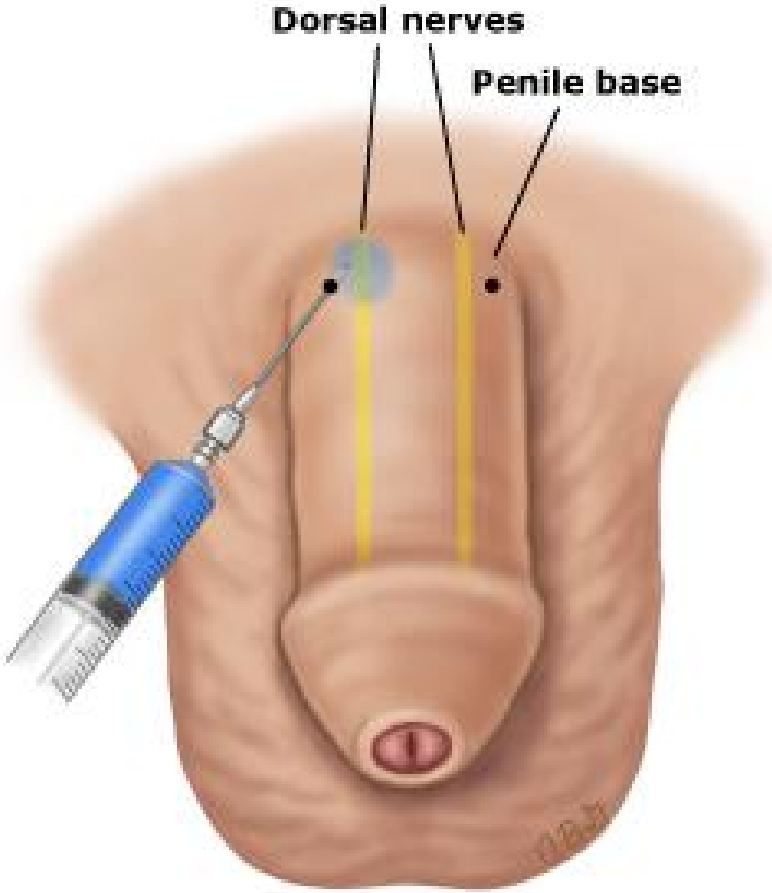
…"c'è qualcosa che non va' là sotto", vi dice!

CASO CLINICO 4

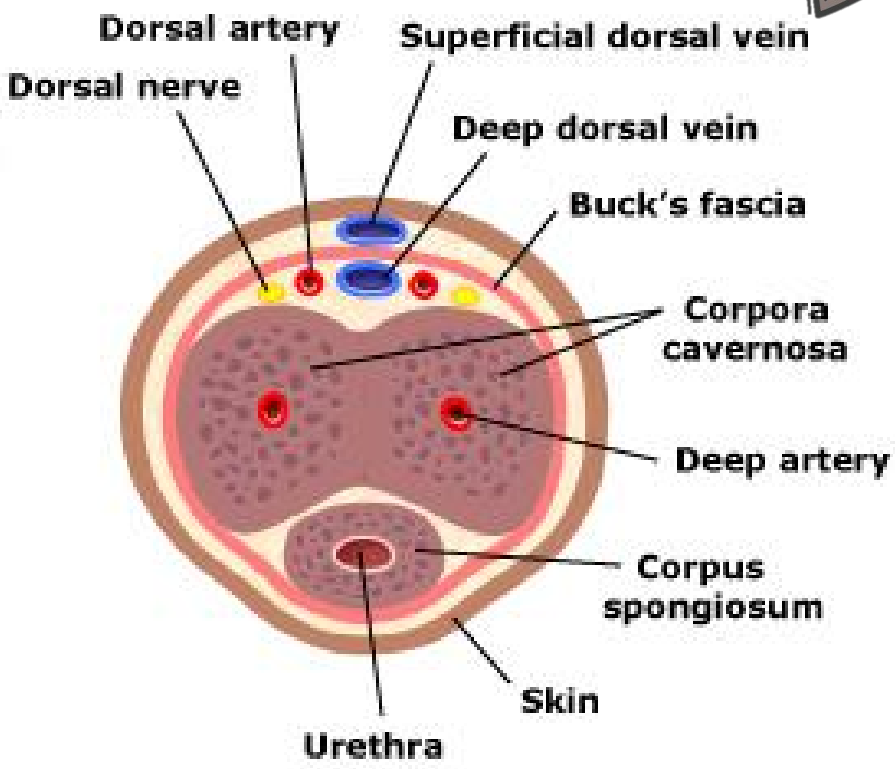
CASO CLINICO 4

MANOVRA RIDUZIONE PARAFIMOSI

BLOCCO NERVI PENIENI



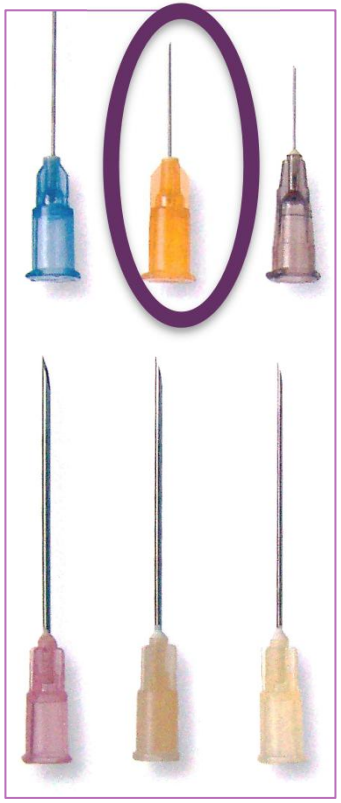
A Injection sites



B Section through penis

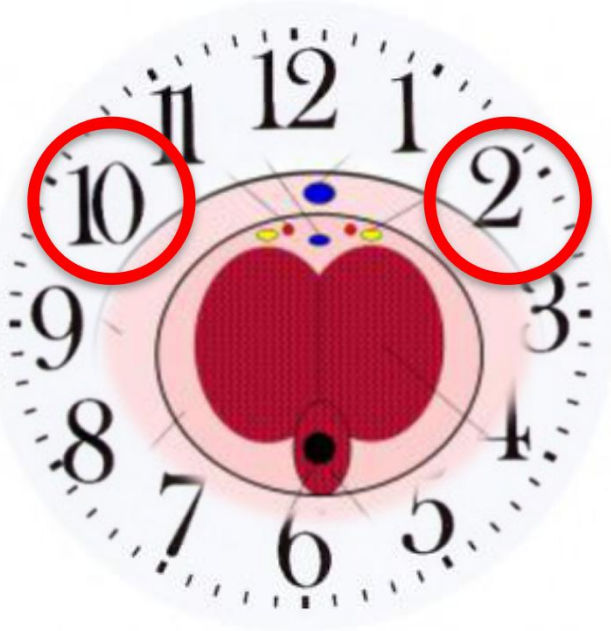
BLOCCO NERVI PENIENI

VAS 6/10



4-5 ml

BLOCCO NERVI PENIENI



Equipment for dorsal penile nerve block

- Povidone-iodine solution
- 4 × 4 Sterile gauze
- Local anesthetic without epinephrine
- 5-mL syringe
- 16-Gauge and 27-gauge needles
- Sterile drapes

2 o'clock injection

10 o'clock injection

ORGANISMO del PZ
SITUAZIONE (notte/giorno/emergenza)
VOLONTA' del PZ
Le COMPETENZE del MEU
AMBIENTE