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TITLE: TOPICAL ANESTHETIC PROTOCOL: PROCEDURAL PAIN MANAGEMENT FOR NEEDLE PUNCTURES

PURPOSE: This policy outlines the protocol for appropriate use of topical anesthetics in managing procedural pain related to needle punctures.

SCOPE: Nursing, Medical Staff, Pharmacy, Radiology

POLICY:

DEFINITIONS:

N/A

PROCEDURE:

1. Topical anesthetics may be used as needed for non-urgent or routine IV punctures and lab draws by nurses, subcutaneous, intradermal, or intramuscular injections, accessing implanted ports, and IV insertions (exceptions: PPD and insulin) as noted in the **Topical Anesthetic Protocol: Procedural Pain Management for Needle Punctures chart on page 2.**
2. Initiation of the Topical Anesthetic Protocol requires an order from the patient's provider or provider's prescriber designee. **Gebauer's Pain Ease may be used without an order after verification of allergies and contraindications for the procedures listed in Section 1 above.**
3. If an order for topical anesthetics is not placed on the eMAR by a prescriber for use for the appropriate indications, the nurse will obtain an order for the appropriate topical anesthetic(s). This order will be sent to pharmacy for placement on the eMAR for nursing documentation.
4. Choice of modality should be based upon type and timing of procedure, patient age, and contraindications.
 - a. **Lidocaine 2.5%/prilocaine 2.5% cream (EMLA) is preferred over lidocaine 4% (LMX-4) cream when the patient's age and time to procedure allow for either product.**
 - b. Pain Ease may be used (if age appropriate) when very quick onset is needed for short procedures, or if there is a contraindication to one of the lidocaine products.
 - i. **For Implanted Port Access:** utilize single use container, discard after use. A second nurse wearing a mask and gloves must assist the RN accessing the port in order to remain sterile. The RN accessing the port will follow the Standardized Port Access Procedure (see [Guideline- Implanted Port Access, Blood Sampling, Flushing, and Removal](#)). After the port site has been cleaned and allowed to dry, the assisting nurse will hold the container 3-7 inches from the port site, spray steadily 4-10 second or until the skin begins turning white whichever comes first. Do not spray longer than 10 seconds. The RN that is sterile then proceeds with needle insertion.
 - ii. **For Peripheral IV starts:** a multiuse container may be used with a patient on Standard Precautions, utilize a single use container for patients on isolation precautions. After the IV



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site has been cleaned and allowed to dry, hold the container 3-7 inches from the site, spray steadily 4-10 second or until the skin begins turning white whichever comes first. Do not spray longer than 10 seconds. Proceed with IV insertion. Multi-use bottle must be cleaned with disinfectant wipes prior to using and prior to returning to the designated storage area.

PRECAUTIONS:

- Contraindications to lidocaine products:** allergy or sensitivity to amide anesthetics such as lidocaine, prilocaine, or bupivacaine. Do not use on patients with congenital or idiopathic methemoglobinemia.
- Contraindications to Gebauer’s Pain Ease®:** allergy or sensitivity to any of the ingredients (pentafluoropropane and tetrafluoroethane). Do not use on diabetics or persons with poor circulation.

Topical Anesthetic Protocol: Procedural Pain Management for Needle Punctures			
Recommended Analgesic	Appropriate Procedures	Indications for use	Analgesic Onset and Directions
lidocaine 2.5% and prilocaine 2.5% cream	<ul style="list-style-type: none"> PIV insertion Venipuncture Port Access IM injections SQ injections Lumbar Puncture 	<ul style="list-style-type: none"> Topical anesthetic for patient who meet the following criteria: Minimum age of ≥ 37 weeks post-conception Procedures that will allow for at least 60 minutes of preparation time. 	<ul style="list-style-type: none"> Drug onset in 60 min; Apply to procedure area and cover with occlusive dressing. DO NOT use on patients who have an allergy or sensitivity to amide anesthetics such as lidocaine, prilocaine, or bupivacaine. Do not use on patients with congenital or idiopathic methemoglobinemia.
lidocaine 4% cream	<ul style="list-style-type: none"> PIV insertion Venipuncture Port Access IM injections SQ injections Lumbar Puncture 	<ul style="list-style-type: none"> Topical anesthetic for patient who meet the following criteria: Minimum age of ≥ 2 years old Procedures that will not allow for at least 60 minutes or preparation time. 	<ul style="list-style-type: none"> Drug onset in 30 min; Apply to procedure area and cover with occlusive dressing DO NOT use on patients who have an allergy or sensitivity to amide anesthetics such as lidocaine, prilocaine, or bupivacaine. Do not use on patients with congenital or idiopathic methemoglobinemia.



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Gebauer's Pain Ease®	<ul style="list-style-type: none"> • PIV insertion • Venipuncture • Port Access • IM injections • SQ injections 	<ul style="list-style-type: none"> • Topical anesthetic for patient who meet the following criteria: • Minimum age of ≥ 3 years old • Rapid procedure for injection, PIV insertion and Venipuncture 	<ul style="list-style-type: none"> • Onset in 4-10 seconds (duration ≤ 1 min) • Spray over procedure area prior to procedure. • DO NOT use on patient with an allergy or sensitivity to any of the ingredients (pentafluoropropane and tetrafluoroethane). • Do not use on diabetics or persons with poor circulation.
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SUPPORTIVE DATA:

N/A

Policy Owner:	Director, Pharmacy
References:	
Related Policies:	Pain Assessment and Management Policy PC.01.02.07 C00346 Lippincott Procedure: IV catheter insertion, pediatric Lippincott Procedure: Intramuscular injection, pediatric Lippincott Procedure: Subcutaneous injection, pediatric Lippincott Procedure: Implanted port accessing, pediatric Lippincott Procedure: Venipuncture, pediatric Lippincott Procedure: General guidelines for performing a procedure on a child Guideline- Implanted Port Access, Blood Sampling, Flushing, and Removal
Related Documents:	
Keywords:	Topical, Anesthetic, protocol, pain, manage, needle, stick, puncture
Origination Date:	12/17
Revision Dates:	02/19
Last Review Date:	01/20
Next Review Date:	01/23
Date Retired:	



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Approved By:

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Clinical Practice Improvement Committee – 02/7/19
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Quality Management and Patient Safety Director – 05/10/19
Vice President – Patient Care Services/CNO – 04/12/19
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