



LIDOCAINE HYDROCHLORIDE DRIP (XYLOCAINE)



Escambia County, Florida - ALS/BLS Medical Protocol

ACTIONS

Decreases ventricular automaticity and raises the ventricular fibrillation threshold.

INDICATIONS

(Not a first line treatment for below. Follow AHA guidelines.)

1. Ventricular tachycardia.
2. Ventricular fibrillation.

(Used as a maintenance infusion.)

CONTRAINDICATIONS

1. 2nd degree AV block, Mobitz II and 3rd degree AV block.
2. Stokes-Adams syndrome.
3. If PVC's occur in conjunction with sinus bradycardia, the bradycardia should be treated first.
4. Ventricular dysrhythmias associated with tricyclic antidepressant overdose.

ADVERSE REACTIONS AND SIDE EFFECTS

CNS: Drowsiness, numbness, dizziness, blurred vision, tinnitus, euphoria, muscle twitching convulsions, tremors.

Cardiovascular: Rare, but with toxic levels - hypotension, widening of QRS complex, bradycardia, cardiac arrest.



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Charles Neal, D.O. Medical Director



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Respiratory: At toxic levels - respiratory depression and/or arrest.

WARNINGS

Lidocaine is metabolized in liver.

Maintenance dosage should be decreased in half in patients with liver disease and low cardiac output states (eg. acute MI, shock, congestive heart failure); patient older than 70 years old.

DOSAGE Adult: Mix 1,000 mg in 250 ml of D5W and flow at 1-4 mg/min. as follows:

Using a minidrip (60 gtt/ml):

15 gtt/min = 1 mg/min

30 gtt/min = 2 mg/min

45 gtt/min = 3 mg/min

60 gtt/min = 4 mg/min

Pediatric: Mix 120 mg in 100 ml of D5W (or 60 mg in 50 ml of D5W) and flow at 20-50 mcg/kg/min.



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