

Policy #:	03.99.072
Issued:	March 2022
Reviewed/ Revised:	
Section:	Nursing

Standing Order for Administration of Injectable Lidocaine prior to Injection of Long Acting Injectable Buprenorphine (LAIB)

Purpose:

To decrease pain from injection of long acting injectable buprenorphine (LAIB) at Boston Medical Center (BMC).

The standing order provides the mechanism for nursing to administer medication per standing order approved by the BMC Medical – Dental Staff. Licensed nurses accept, verify, and implement orders from duly authorized prescribers, including standing orders and protocols.

Pursuant to the Massachusetts Board of Registration in Nursing's Advisory Ruling 9324, Standing orders/protocols include written authorization from a duly authorized prescriber that indicates evidencebased practice standards for a specific medication or activity to be implemented by the nurse. Standing orders/protocols are applicable to a specific patient or specific situation and directions remain consistent during implementation.

Policy Statement:

Only licensed personnel can administer or supervise the administration of medications within their scope of practice to BMC patients. In the ambulatory care clinics, the medication is to be administered by the OBAT RN.

Application:

Patients presenting for LAIB in the OBAT clinic.

Exceptions:

- OBAT patients receiving injections other than LAIB
- Patients known to be allergic to any components of lidocaine.
- Patients with documented rare inherited conditions of porphyria, methemoglobinemia, or glucose-6-phosphate dehydrogenase (G6PD) deficiency.
- For patients that refuse injectable lidocaine, see *Policy #03.99.073 Standing Order for* Administration of Topical Anesthetic prior to Injection of Long Acting Injectable Buprenorphine (LAIB)

Definitions:

Term	Definition
LAIB	Long Acting Injectable Buprenorphine
OBAT	Office Based Addiction Treatment

Section: Nursing

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Boston Medical Center Policy and Procedure Manual

Procedure:

The OBAT nurse will:

- 1. Submit an order for 2 ml of intradermal 1% lidocaine injection in the EMR for co-signature by the attending physician
- 2. Wash hands and don gloves.
- 3. Verify identity of the patient by two identifiers and the quadrant of the abdomen LAIB is to be administered. Inspect area to ensure skin is intact without any open cuts or wounds.
- 4. Apply ice to site while preparing lidocaine for injection into subcutaneous tissue.
- 5. Prepare 1% Lidocaine:
 - a. Wipe top of lidocaine bottle with alcohol pad
 - b. Draw up 2ml Lidocaine with large bore needle (20-22 gauge) in a 3 or 5 ml syringe.
 - c. Change needle to 1 inch, 25 or 27 gauge
- 6. Clean site of injection with alcohol swab.
- 7. Tent skin and inject 2 ml Lidocaine at ~75 degree angle, releasing lidocaine into tissue while pulling back.
- 8. Apply 2x2 gauze to area and massage gently in circular motion to allow lidocaine to diffuse the area.
- 9. Keep 2x2 resting on skin and reapply ice pack. Make note of time of injection. Wait at least 3 minutes before proceeding to injection of LAIB.
- 10. Administer LAIB according to manufacturer instructions.
- 11. Document lidocaine and LAIB administration on the MAR (Medication Administration Record)

Responsibility:

OBAT RN OBAT Provider

Forms:

None

Other Related Policies/Protocols/Guidelines:

10.03.010 Medication Administration 03.99.080/13.01.060 Authorization to Administer Medications

References:

- Indivior. Sublocade [package insert]. U.S. Food and Drug Administration website <u>https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209819s000lbl.pdf</u> Revised November 2017. Accessed December 16, 2021.
- McNaughton, C., Zhou, C., Robert, L., Storrow, A., & Kennedy, R. (2009). A randomized, crossover comparison of injected buffered lidocaine, lidocaine cream, and no analgesia for peripheral intravenous cannula insertion. Annals of emergency medicine, 54(2), 214–220.
- 3. Unpublished Guidelines Massachusetts General Hospital Substance Use Disorder Bridge Clinic Optional Lidocaine injection / local anesthetic for XR buprenorphine injections. Gray, J and Kehoe, L. 3/15/21.

Initiated by: Nursing Contributing Departments: OBAT GIM