

Lipid Rescue

for

Local Anesthetic Systemic Toxicity (LAST)

In the event of a local anesthetic-induced cardiac arrest, unresponsive to standard therapy, begin CPR and administer 20% Intralipid IV* as follows:

Infuse 20% Lipid Emulsion (values in parenthesis are for a 70 kg patient)

- ***Bolus 1.5 mL/kg*** (lean body mass) intravenously over 1 min (~100 mL)
- ***Begin continuous infusion at 0.25 mL/kg/min*** (~18 mL/min)
- Repeat bolus **once** or **twice** for persistent cardiovascular collapse
- Double the infusion rate to **0.5 mL/kg/min** if blood pressure remains low
- Continue infusion for at least **10 minutes** after attaining circulatory stability
- Recommended upper limit: approximately **10-12 mL/kg** lipid emulsion over the first 30 minutes

*Lipids are in the Omnicel in all patient locations (including the ED)

Avoid vasopressin, lidocaine calcium channel blockers, β -blockers, or local anesthetics

Avoid high dose epinephrine; preferably use doses < **1 mcg/kg**

Avoid propofol in patients with cardiovascular instability

PRACTICE EXAMPLE

For an adult weighing **70 kg**, you would:

- Obtain a 500ml bag of 20% Intralipid and (2) 50ml syringes
- Draw up 50ml of 20% Intralipid in each syringe and administer IV stat, x 2
- Then attach the 20% Intralipid bag to an IV administration set (macro drip) and run IV over the next **15 minutes**
- Repeat the initial bolus twice or until the return of spontaneous circulation