SUBJECT AND CURRICULUM REFERENCE:

**Biers block**
- Communication
- Consent
- Risk assessment
- procedure

Length: 10 minutes

CLINICAL SCENARIO STEM:

A 75yo lady has fallen over and has an isolated closed fracture of her distal left radius and ulnar (Colles fracture). There is significant angulation at the fracture site. The fracture needs to be reduced and you determine that reduction under intravenous regional anaesthesia (Bier’s block) may be the most appropriate option.

INSTRUCTIONS:

**Candidate:** This station is in two parts.

Part A: Could you please obtain verbal informed consent for this procedure and that there are no contraindications for proceeding.

Part B: Could you please check the equipment, apply and inflate the cuff(s)

**Role player - patient:** answer any question directly asked of you, do not volunteer information. Any questions not covered by the information below should be answered in the negative
- You have been fasted for more than four hours
- HT controlled on amlodipine, ex-smoker
- No allergies

If not covered by candidate, and or given the opportunity to ask questions, can ask:

“Will I be knocked out?”
“Will I feel anything when you straighten the bones?”

- **examiner:**

If asked, BP is 145/85 both arms.

**Assessment criteria**

Part A:
- Explanation of procedure
  - Only the arm will be anaesthetised, patient will remain fully awake
  - Cuff may be tight (liken to tight BP cuff). Will stay on for at least 20 mins
  - Can be given systemic analgesia if becomes uncomfortable
- Will not remove all feeling – will not feel sharp pain, but there will still be sensation during manipulation, but not painful

Author: MC
Version 1.0 December 2014
• x-ray will be performed prior to completion, May require repeat manipulation. Plaster will be applied following manipulation
• Family can be in attendance, patient will be monitored, will have an assistant to ensure safety of procedure
• Search for contraindications (AMPLE history)
• Allergies
• Medications
• Past or current history that may be a CI to biers block – dialysis fistula, severe periph vascular disease, uncontrolled hypertension
• Assessment of fasting status
• Must allow opportunity for patient to ask questions
• Confirm that patient understands the conversation

Part B:
• Check machine
• Connect to gas supply
• Apply cuff to arm firmly, use ties if available
• Set pressure to Systolic BP plus 100mmHg
• Inflate cuff 1 followed by cuff 2
• Turn on timer