

Local Anesthetic Systemic Toxicity Checklist



- Call for help
- Get LAST rescue kit
- Consider cardiopulmonary bypass team

+ Consider administering LIPID EMULSION early

LIPID EMULSION 20%
The order of administration (bolus or infusion) and method of infusion (manually, iv roller clamp, or pump) are not critical

over 70 kg

- Bolus ~100 mL over 2-3 min
 - Infuse ~250 mL over 15-20 min
- IF PATIENT REMAINS UNSTABLE:
- Repeat bolus
 - Double infusion

under 70 kg

- Bolus ~1.5 mL/kg over 2-3 min
 - Infuse ~0.25 mL/kg/min (consider using a pump if <40 kg)
- IF PATIENT REMAINS UNSTABLE:
- Repeat bolus
 - Double infusion

Seizure?

- Ensure adequate airway
- Benzodiazepine preferred
- If only propofol available, use low dose, e.g., 20 mg increments

Arrhythmia or Hypotension?

BEWARE
LAST Resuscitation is DIFFERENT from Standard ACLS

Stable?

- Continue lipid emulsion ≥ 15 min once hemodynamically stable
- Maximum lipid dose: 12 mL/kg



EPINEPHRINE

- Smaller than normal dose preferred
- Start with ≤ 1 mcg/kg

AVOID

- Local anesthetics
- Beta-blockers
- Calcium channel blockers
- Vasopressin

Once Stable, OBSERVE

- 2 hrs after seizure
- 4-6 hrs after cardiovascular instability
- As appropriate after cardiac arrest