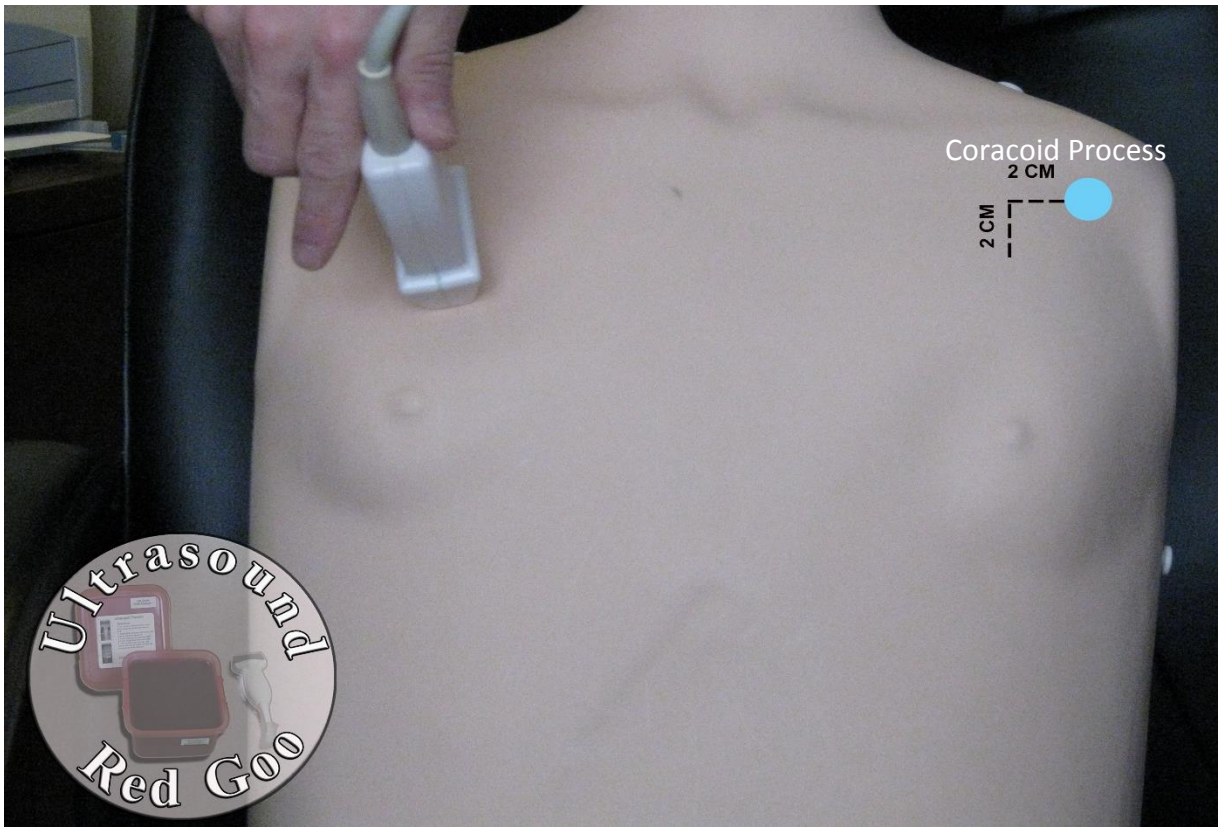
Infraclavicular block

Equipment:

Nerve stimulator
Stimulation needle 50 mm
20-40 mL local anesthetic
Local for skin
+/- Ultrasound machine
Probe cover or large tegaderm
Skin marker for OTO as well as landmark technique
150mm insulated block needle

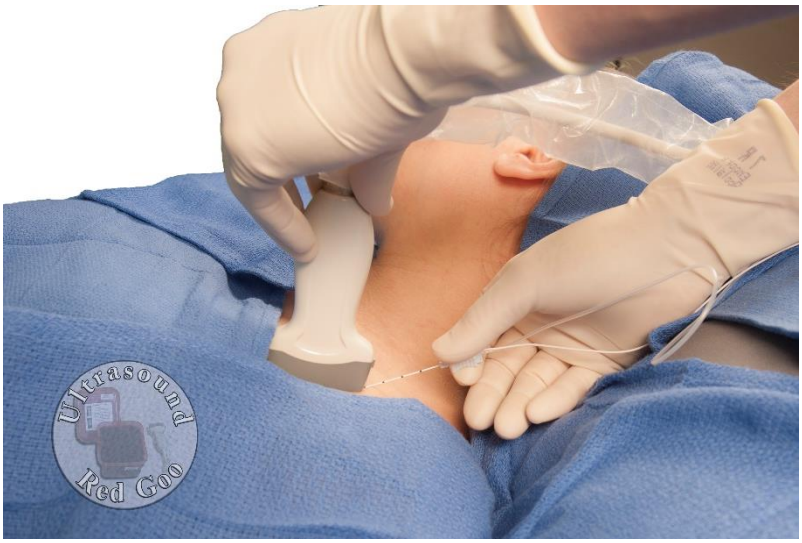
Landmark technique

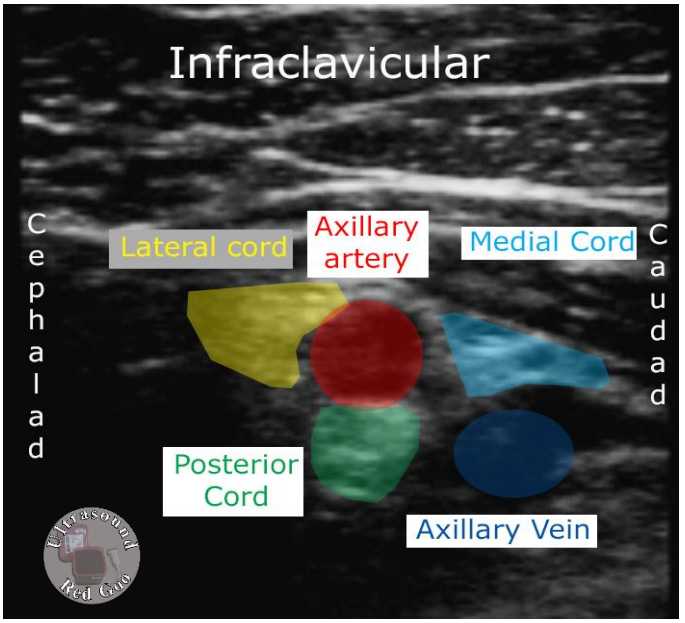
Locate the coracoid process
Draw a line two centimeters medially and two centimeters caudad from this landmark
Use skin local superficially and deep to localize the pectoral muscles
Ensure twitch is from the brachial plexus and not the pectoral muscles
Redirect caudad as needed, may require a cephalad redirect as well
Do not redirect laterally (poor block) or medially (pneumothorax)

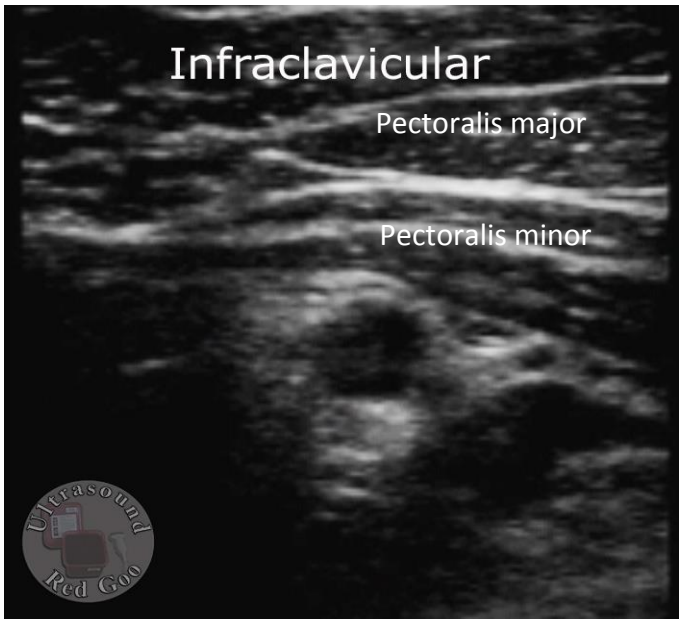


Infraclavicular block ultrasound guidance

Place the probe just below the clavicle on the chest
Orient the probe cephalad-caudad in orientation with the dot superior
Localize the skin and chest
Using a 150mm stim needle advance to the plexus and elicit a twitch of the brachial plexus and not the chest
Inject at 8-9 o'clock to the axillary artery and if a "donut sign" is seen spreading to 3 o'clock adequate spread has been achieved
If adequate spread is not seen withdraw the needle and redirect to the 3 o'clock position of the axillary artery (medial cord)







Notes:

1. When using a nerve stimulator (twitch) do not inject if current is below 0.2mA with a noticeable twitch
2. Do not inject if the patient complains of sharp pain, pressure is typically OK
3. Do not inject if high resistance is noted on the syringe
4. Maintain meaningful contact with patient and avoid over sedation
5. Both skin and muscles layers should be localized for patient comfort before block