Purpose: Our hospital based Outpatient Surgery Center, performs up to 60 surgeries a day. Wanting to improve patient satisfaction and reduce potential discomfort with IV starts, we investigated adding lidocaine 1% intradermal to the preoperative order sheets prior to cannulation. Current practice included obtaining individual orders for use if needed. Locating a physician can be time consuming. Time constraints didn’t always permit this, in our fast paced environment.

Description: An extensive literature search was performed assessing if existing documentation supported increased patient comfort. The unit used Evidenced Base Practice (EBP) committee, meeting monthly, outlined a standard process to initiate. Leadership was presented with the potential process; staff was educated on amount, dose, and technique of lidocaine to utilize. A questionnaire was developed to assess patient satisfaction on a scale of “not painful at all” to “very painful”. A folder was identified to hold questionnaires for post IV insertion. Post surveys results were performed and reviewed. Of the 104 patients’ surveyed post IV cannulation, 60 patients had the lidocaine, and 44 patients either refused or lidocaine was not used by the professional inserting the IV.

Outcome: Survey results were analyzed and discussed at EBP committee meetings. Patient’s surveys showed a decrease in discomfort with use of lidocaine intradermally. Preoperative physician order sheets were updated to provide a standard order for the lidocaine technique, which decreased the time of obtaining the individual orders. The peri-operative nurses incorporated the use of lidocaine into their practice as a comfort option for patients.