Medical Directive

Lidocaine 2.5% & Prilocaine 2.5% cream – (EMLA™) Cream Application for Oncology & Hematology Patients

Approved by/Date: September 20, 2005

Authorized to who (include any educational requirements)

Registered Nurses working in the Oncology Program

Medical Directive Description

To reduce the pain and/or anxiety of accessing implanted central venous access devices (ie. port-a-caths) the nurse may apply EMLA™ topical anesthetic. The nurse is to apply a thick layer of EMLA™ cream [appropriately size of a two dollar coin (toonie)] to port-a-cath site. The site is then to be covered with an occlusive dressing (i.e. tegaderm™). EMLA™ cream is to be applied at least 1 hour prior to accessing the port-a-cath. Upon removal of the dressing, the area will be thoroughly cleaned of any excess cream prior to the procedure.

Patient Description / Population

For oncology or hematology patients receiving care from an RSMDRCC oncologist who require access of their port-a-cath.

Identify relevant Delegated Control Act or Added Skill associated with this Directive

N/A

Specific conditions/circumstances that must be met before the Directive can be initiated and implemented

Any eligible inpatient or outpatient (see patient description above) who:

- requests application of EMLA™ cream
- consents to the application of EMLA™ cream
- has intact skin
- whose condition is stable, non-emergent

Contraindications to initiation and implementation of the Directive

This medical directive will not be initiated if the patient has:

- Known hypersensitivity to lidocaine or prilocaine
- Known hypersenstivity to local anesthetics of the amide type or any other components of the product (see 'Supplied: Cream' in product monograph)
- Past medical history of methemoglobinemia
- An emergent situation where time is essential
- Non-intact skin at the site of desired application

Documentation requirements

On the Medication Administration Record, "Application of EMLA cream as per Medical Directive". Date, time and the signature of the nurse implementing this directive must be recorded. Order for medical directive will be entered on the physician's order sheet.

Review/Evaluation Process (how often/by who)
Review to be done within six months of implementation and then on an annual basis.
Review to be conducted by Vice-President Cancer Services, a member of the discipline affected by the medical directive and Director/Clinical Leader.

Related Documents
None

References
EMLA™ cream product monograph

Developed by: Magda Foster, RN Oncology Program

Contact: Magda Foster, RN Oncology Program

Authorized by: RSMDRCC Oncologists Date: April 21, 2005
(signature sheet on file)

Authorized by:	Dr. R. Wierzbicki Physician Dr. L. Forbes Physician Dr. P. Zalewski Physician Dr. H. Chiu Physician Dr. A. Daly Physician Dr. J. Chang Physician Dr. P. Dixon Physician	_____ Date _____ Date _____ Date _____ Date _____ Date _____ Date _____ Date	

Approvals and Signatures

Physician Leader: Dr. P. Dixon Date: April 21, 2005

Program Leader: Gail Hawley-Knowles Date: April 21, 2005

Program Committee/Council: RSMDRCC Coordinating Ctte Date: April 21, 2005

CNPC or PPC: Thom Chambers Date: June 23, 2005
(Chair of CNPC or PPC)

Final Approval by: Dr. D. Atkinson Date: Sept 20, 2005
Chair, MAC