

DO NOT FORGET · THE SHORT CHECKLIST

Haematoma block for distal radius fracture

Injection of plain lidocaine directly into the fracture haematoma of a closed distal radius fracture to provide analgesia for manipulation and immobilisation.

EM Orbit

Patient reference	Date	Time	Completed by

The 9 steps that must not be missed

- [ ] **BEFORE**
  Examine and document the distal neurovascular status before the block: radial pulse, capillary refill, and median, ulnar and radial nerve function.
  Pay particular attention to the median nerve.

- [ ] **BEFORE**
  Confirm 20% lipid emulsion and resuscitation equipment are available before injecting.

- [ ] **BEFORE**
  Check the side with the patient and the X-ray immediately before needle insertion.

- [ ] **DURING**
  Use sterile gloves and a no-touch technique; place a drape.
  A closed fracture must not be converted into an infected open fracture.

- [ ] **DURING**
  Do not inject if blood cannot be aspirated and the position is not confirmed.

- [ ] **DURING**
  Aspirate again before each injection of the dose; if the needle has moved, confirm the haematoma again before injecting.
  Blood returning confirms the haematoma; avoid injecting into a vein or into soft tissue away from the fracture.

- [ ] **DURING**
  Inject the lidocaine slowly into the haematoma, with intermittent aspiration.
  Typical volume 5–10 mL; never exceed the calculated maximum for the patient's weight.

- [ ] **DURING**
  If local anaesthetic toxicity is suspected, stop injecting, call for help, manage the airway and circulation, and give 20% lipid emulsion 1.5 mL/kg IV bolus followed by an infusion per the national LAST guideline.

- [ ] **AFTER**
  Give written advice on elevation, finger movement, plaster care, and when to return (increasing pain, numbness, swollen or discoloured fingers, tight cast).

The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.