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Ultrasound-Guided Nerve Blocks

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The American College of Emergency Physicians (ACEP) has developed this policy to assist physicians performing ultrasound-guided nerve blocks (UGNBs) in the emergency department (ED). Pain is one of the most frequently encountered complaints in the ED.¹⁻³ Many modalities are used for pain relief in the ED including opioid medications, non-opioid medications, and nonpharmacologic interventions. In light of the opioid epidemic, interest in non-narcotic pain control has increased.⁴

Currently, ultrasound-guided procedural skills are largely incorporated within the ACEP guidelines on point-of-care ultrasound (POCUS).⁵ Given the severity of the opioid epidemic, and in order to provide patients with the safest and most efficacious analgesia, it is the position of ACEP that UGNBs are a core skill⁶ which emergency physicians are capable of providing to patients. ACEP supports the use of UGNBs to treat pain within the ED and the credentialing of emergency physicians to perform UGNBs within hospitals.

UGNBs can greatly benefit patients presenting in pain to the ED and should be considered a core component of a multimodal pain pathway. Current literature demonstrates UGNBs can be used for pre-procedural analgesia prior to orthopedic reduction/splinting, complex laceration repair, abscess incision and drainage, or for acute on chronic painful conditions.⁷⁻¹⁶ UGNBs have been associated with improved post-surgical functional outcomes, decreased delirium, and decreased length of stay during patients' hospital stays without any appreciated increase in adverse events.¹⁷⁻²² Additionally, the American College of Surgeons recently released guidelines on the management of acute pain in trauma patients, endorsing the use of UGNBs as part of an opioid sparing best practice strategy for care.²³

Ultrasound guidance improves efficacy, efficiency, and safety when compared to the blind approach.²⁴⁻²⁶ UGNBs offer patient-centered benefits while avoiding dangerous adverse side effects encountered with opioid medications, non-opioid adjuncts and procedural sedation.²⁷⁻²⁸

It is the position of ACEP that UGNBs are not only within the scope of practice of emergency physicians,⁶ but represent a core component of a multimodal pathway to control pain for patients in the ED.

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