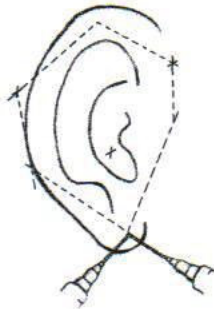
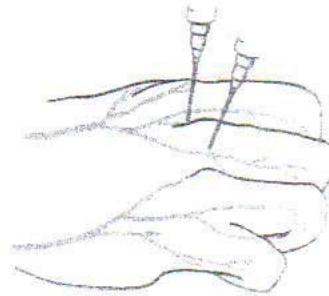


Anesthetic	Duration Without Epinephrine, min	Duration With Epinephrine, min	Maximum Dose Without Epinephrine, mg/kg	Maximum Dose With Epinephrine, mg/kg
Esters				
Cocaine	45	-	2.8	-
Procaine	15-30	30-90	7.1	8.5
Chloroprocaine	30-60	-	11.4	14.2
Tetracaine	120-240	240-480	1.4	-
Amides				
Lidocaine	30-120	60-400	4.5	7
Mepivacaine	30-120	30-120	4.5	7
Bupivacaine	120-240	240-480	2.5	3.2
Etidocaine	200	240-360	4.2	5.7
Prilocaine	30-120	60-400	5.7	8.5

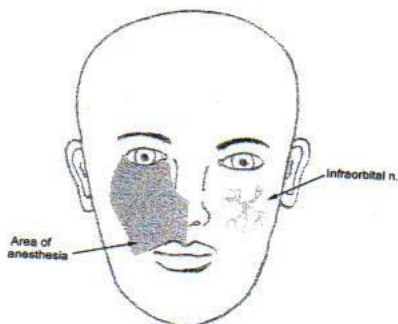
Ear Block



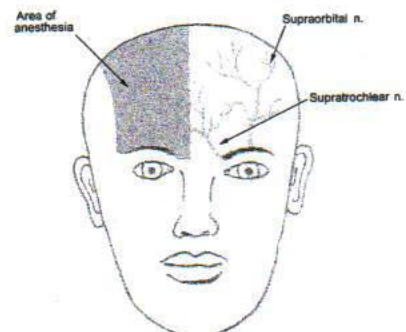
Digital Block (also consider palmar transthecal)



Infraorbital



Supratrochlear/supraorbital



Ankle Block

Deep Peroneal- lateral to Ext. hallucis longus, insert until bone reached withdraw 1-2mm and inject.

Posterior Tibial- medial aspect of foot behind medial malleolus until bone contacted, withdraw and inject.

Sural- between lateral malleolus and Achilles tendon. Approach from behind lateral malleolus.

Saphenous- level of and anterior to medial malleolus. Ring of anesthesia raised from point of entry to Achilles tendon and anteriorly to tibial ridge.

Superficial Peroneal- insert needle at tibial ridge and extend laterally toward lateral malleolus.

Wrist Block

Radial- 3 finger breadths from distal wrist crease.

Ulnar- Insert needle under tendon of flexor carpi ulnaris just above styloid process of ulna.

Median- Between tendons of palmaris longus and flexor carpi radialis until hit bone, withdraw 2-3mm and inject.

Mental nerve block	Buccal soft tissues from 2nd mandibular premolar to midline; skin of lower lip and chin	27-30 gauge, 1 in.	Technically simple, highly successful, usually painless; ideal for repairing lower-lip lacerations
Infraorbital (anterior superior alveolar) nerve block	Maxillary teeth and buccal soft tissues from midline through canine; upper lip, lateral aspect of nose, and lower eyelid; maxillary premolars and mesiobuccal root of 1st molar in 70% of patients	27-30 gauge, 1 in.	Highly safe and successful; ideal for repairing lacerations to upper lip
Posterior superior alveolar nerve block	Entire 2nd and 3rd maxillary molars; 1st maxillary molar fully anesthetized in about 70% of patients, partially anesthetized (except for mesiobuccal root) in about 30%	25-27 gauge, 1 in.	Highly effective but carries significant risk of hematoma, so frequent aspiration during injection is crucial
Inferior alveolar nerve block	All mandibular teeth to midline; anterior 2/3 of tongue and floor of oral cavity; distribution of mental nerve	25-27 gauge, 1.5 in.	Failure rate 15%-20% even in experienced hands; extremely useful and, when successful, extremely effective

Always: ASPIRATE prior to injecting
STOP if parasthesias occur immediately
WARN patients of risk of swelling, hematomas and infection.