

# Fascia Iliaca Blocks and Non-Physician Practitioners

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AAGBI POSITION STATEMENT 2013  
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**THE ASSOCIATION OF ANAESTHETISTS**  
*of Great Britain & Ireland*



## Fascia Iliaca Blocks and Non-Physician Practitioners

Proximal femoral fractures are often very painful, and the prompt administration of analgesia is both a humanitarian necessity and likely to be associated with improved clinical outcomes. Fascia iliaca block, which has been shown to be more effective than opioids in treating hip fracture pain [1], is a technique that has rightly gained popularity in Accident & Emergency Departments.

Regional Anaesthesia UK (RA-UK), in its 2010 position statement on the performance of local and regional techniques by non-physician practitioners [2], defines *regional anaesthesia* techniques as those that place local anaesthetic “around the major plexuses or identifiable peripheral nerve trunks”, and asserts that only appropriately trained physicians should perform these techniques. The AAGBI and RA-UK have agreed that fascia iliaca block can be considered to be a “local anaesthetic” and not a “regional anaesthetic” technique under this definition, because when the correct technique is used, the needle trajectory is not likely to encroach on nerve trunks or major blood vessels (Figure 1). The two organisations have agreed the following statement with regard to fascia iliaca blocks:

Ideally, appropriately trained physicians should perform fascia iliaca blocks but, in many circumstances, they are not immediately available to administer the blocks. Other registered health professionals who have received appropriate training and are following agreed clinical governance procedures may perform these blocks. This extended role of non-medically qualified personnel should be closely monitored by the hospital’s Department of Anaesthesia, and such practices should be subject to regular audit and review.

Dr Richard Griffiths MD FRCA, Honorary Secretary, AAGBI

Dr Sean Tighe FRCA, President, RA-UK

### References

1. Foss N B, et al. *Anesthesiology* 2007; **106**: 773-8.
2. <http://www.ra-uk.org/images/stories/content/RAUK%20Position%20Statement%20June%202010%20Final.pdf>

Figure 1

