

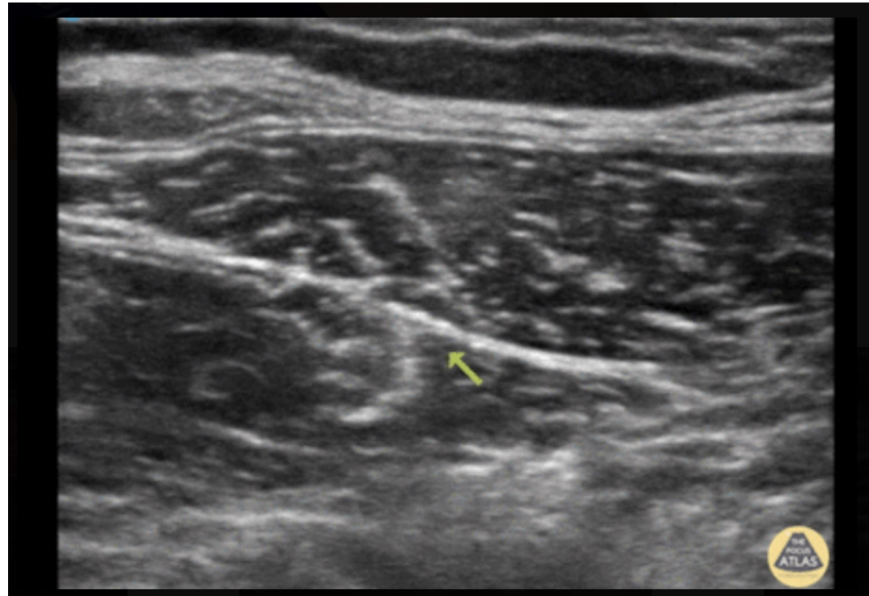
# **Fascia Iliaca Nerve Block: Provider Survey and Patient Outcomes**

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## What is a fascia iliaca compartment block (FICB)?



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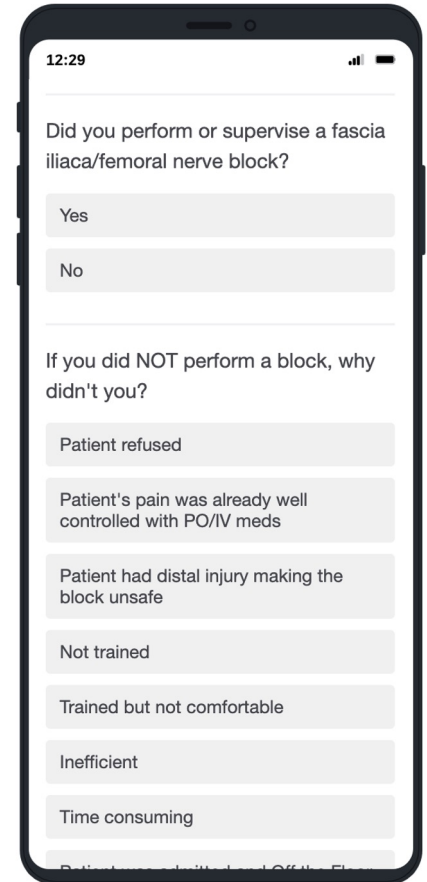
## Objectives

Evaluate provider perspectives and use of fascia iliaca compartment block (FICB) in geriatric patients presenting to the Emergency Department with hip fractures following the deployment of a supply-containing nerve block cart alongside procedure “champions”.



## Methods

- Prospective, observational cohort
- Intervention: Introduction of supply-containing nerve block cart as well as resident “champions” who encouraged use and provided guidance on performance of FICB
- From August 2022-April 2023, all records were examined for patients >65 presenting with a hip fracture
- Physicians caring for those patients were contacted via survey to assess their views on and use of FICB



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Did you perform or supervise a fascia iliaca/femoral nerve block?

Yes

No

If you did NOT perform a block, why didn't you?

Patient refused

Patient's pain was already well controlled with PO/IV meds

Patient had distal injury making the block unsafe

Not trained

Trained but not comfortable

Inefficient

Time consuming



## Results

- 110 patients with hip fractures identified
- Primary outcome: 20/110 (18.2%) received FICB during study period as compared to 2/77 (2.6%) in a similar study conducted in 2016
- Secondary outcomes: Length of stay and need for adjunctive opioid therapy were not different between the groups that did and did not receive FICB
- Survey data was also collected on why blocks were or were not performed, as well as on provider experience

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## Conclusions and next steps

- Introduction of nerve block cart and resident “champions” increased rate of performance of FICB in selected patients
- Ongoing limitations include preferential use of IV and oral pain medications as well as provider comfort in performing the procedure
- Continued education and training for physicians may help increase use and efficacy of FICBs.

