

**Mercy Hospital**  
**Neuraxial and Regional Anesthesia and Analgesia Protocols**

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- Spinal anesthesia for “virgin” total hip or knee: 0.75% bupivacaine in glucose, 1.4 to 1.6 mL. Add 0.15 mg PF-morphine if patient is under age 70 and there is no contraindication to scopolamine patch.
  - For total joint revisions and fractures, consider using 0.5% isobaric bupivacaine 12-15 mg.
  - PF-morphine can be used for revisions under the same guidelines as above. It is not recommended for fractures; for these, if desired, consider a fascia-iliaca block with 30 mL 0.375 or 0.5% bupivacaine with epi 1:200K.
  
- Femoral and popliteal-sciatic blocks: 0.375 or 0.5% bupivacaine (with epi 1:200 to 400K, if desired), 30 mL. Supplemental saphenous block, if necessary, 10mL of same solution.
  
- Axillary and interscalene blocks: 0.2 or 0.5% ropivacaine, 30-40 mL with clonidine 100 mcg. (Epi 1:200 to 400K can be added as a vascular marker, if desired.)
  
- Ultrasound is especially encouraged for femoral and axillary blocks.
  
- Obstetrics: NO DURAMORPH please (fentanyl is okay). The Obstetric floor is not geared up to handle patients with IT morphine.