

Intravenous lidocaine offers alternative for ICU patients' pain

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(HealthDay)—Intravenous lidocaine (IVLI) seems safe for reducing pain

among patients in the intensive care unit (ICU) with varying degrees of organ dysfunction, according to research published online Feb. 7 in the *Journal of Clinical Pharmacology*.

Yoonsun Mo, Pharm.D., from Long Island University in Brooklyn, N.Y., and colleagues conducted a retrospective chart review to examine the safety and effectiveness of IVLI for the treatment of pain in ICU patients with varying degrees of [organ dysfunction](#). Data were included for 21 ICU patients from two hospitals.

The researchers found that the mean time to a ≥ 20 percent reduction in pain scores was 3.3 hours from the start of IVLI. The median morphine dose equivalents were significantly higher during six, 12, and 24 hours pre-IVLI compared with the same time periods after IVLI (18.3 versus 10 mg [P = 0.002], 41.8 versus 18.3 mg [P = 0.002], and 93.5 versus 30.5 mg [P = 0.037], respectively). Three patients experienced neurological adverse effects of lidocaine, but these were reversed on discontinuation of IVLI.

"This report suggests that IVLI as an adjunctive agent in the treatment of [acute pain](#) may be a potential option in ICU patients who are refractory to opioids or those in whom opioid-induced respiratory depression is a concern," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

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