My contention is that the commonly espoused belief that epinephrine cannot be used with lidocaine in digital blocks is not supported by the medical literature and that, in fact, the weight of evidence argues in favour of its use.

Secondly, the article that Dr. Moser cites as evidence of complications from direct epinephrine injection into digits describes the accidental injection of an adult dose of epinephrine from an auto-injector syringe (used to treat allergic reactions) into the thumb of a child. In contrast, lidocaine–epinephrine formulations used for local anesthesia contain epinephrine in a concentration of 1:100000. If 1 cc of anesthetic is used in a digital block, the delivered epinephrine dose is 0.01 mg, and if 5 cc is used (as in the clinical trials), this is 0.05 mg of epinephrine. The epinephrine dose delivered by an auto-injector is, therefore 6–30 times higher. In fact, 30 cc of local anesthetic would need to be infiltrated into a finger to achieve the same dose as the adult auto-injector.

As to the contention that epinephrine is unnecessary in most cases involving digital repair in the ED, I would agree. The reason I use it in practice is because it makes my job easier. I rarely require a tourniquet, the blocks last longer, and I am always reassured by the preservation of capillary refill to the finger. In the unlikely event that ischemia occurs, Dr. Moser correctly mentions phentolamine or terbutaline as rescue drugs. To date, I have not had reason to use either.

Peter Katis, MD
University of Toronto
Toronto, Ont.

References

SARS
To the Editor: In the September issue of CJEM, the CAEP Position Statement, “Implications of the SARS outbreak for Canadian emergency departments,” states in Recommendation 9 (p. 347) that “Ontario has mandated 24/7 triage staffing by appropriately trained nurses, and this should become a national standard.” Although this is a laudatory goal it is important to point out that other trained health care professionals also perform triage in emergency departments in this country. In Halifax, our single tertiary care institution (Queen Elizabeth II Health Sciences Centre/Capital Health) has had paramedics performing triage successfully for over 10 years. The goal remains the same: rapid, safe standardized triage by trained health care professionals.

John M. Tallon, MD
Department of Emergency Medicine
QEII HSC/Capital Health
Dalhousie University
Halifax, NS

References