Peripheral Nerve Blocks of the Hand

Sound knowledge of regional anesthesia provides clinicians with a broader scope of practice in alleviating pain and tending to complicated lacerations, particularly on the hand, face, and foot. When appropriate, performing regional blocks eliminates wound distortion caused by subdermal injection and theoretically lowers the risk of spreading the contaminants within the wound. Newer providers often find it challenging to use text and static pictures to gain adequate confidence to perform peripheral nerve blocks. This Dynamic Emergency Medicine examines the first of three reviews on peripheral nerve blocks.

Wrist blocks are excellent blocks for lacerations, puncture wounds, or bony dislocations of the hand. They can be used in parts or in combination to provide anesthesia to the entire hand. When performing a complete hand block, the ulnar, median, and radial nerves should be blocked. The distribution of anesthesia and pertinent landmarks are identified in the pictures (Figures 1–4), and each video clip details the anatomical landmarks and procedure (available as Data Supplement at http://www.aemj.org/content/full/j.aem.2006.11.008/DC1).

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Figure 3. Landmarks for median nerve blockade.

Figure 4. Landmarks for ulnar, radial, and digital nerve blocks.