EM-BLOCK – A National Survey on Ultrasound-Guided Regional Anesthesia in the Emergency Department



BACKGROUND

- **Aim**: To evaluate national practices in the utilization of USGNBs in the ED by identifying barriers to performing nerve blocks and ascertaining which nerve blocks are most useful for emergency physicians

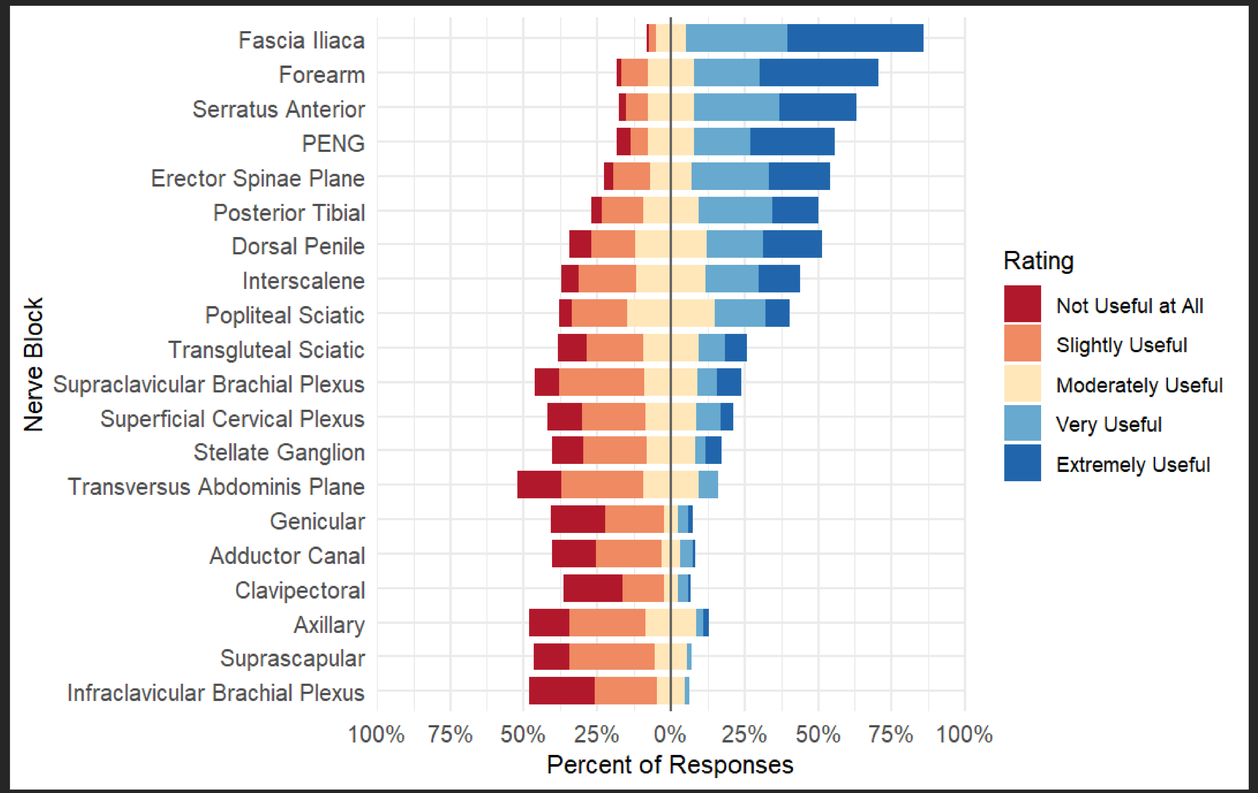
METHODS

- 12-question anonymous survey distributed through the listservs of Society for Academic Emergency Medicine and the Society of Clinical Ultrasound Fellowships
- Respondents rated the perceived usefulness of specific USGNBs in the ED using a Likert scale from not useful to extremely useful and identified the five most important nerve blocks for ED physicians

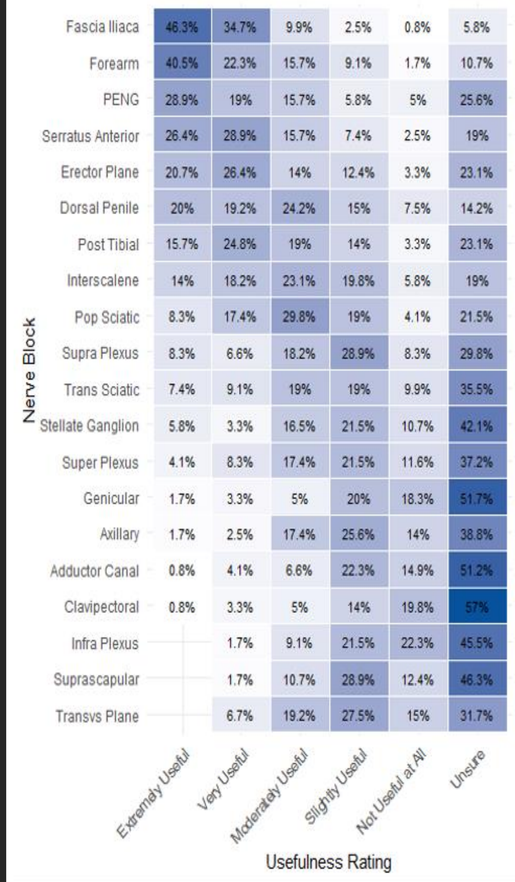
RESULTS

- **121 U.S. EM residents and attendings** responded
- **Training/experience: 91%** had formal ultrasound or USGNB training, and **60%** had performed >20 USGNBs in the ED
- **Favorite blocks to perform:** Fascia iliaca (n=43), PENG (n=18), serratus anterior (n=13), and forearm blocks (n=12)
- **Fascia iliaca** was identified as the single most important nerve block every emergency physician should know (49.6%); over two-thirds ranked it in their top three choices (68.6%) and 81% reported it as extremely or very useful
- **Barriers:** The most common barriers to USGNB use were **time constraints (90.1%)**, followed by **lack of comfort (57.0%)**, **lack of training (54.5%)**, and **institutional/system-level factors (40.5%)**

The **fascia iliaca block** was reported to be the most useful USGNB in the ED with other useful blocks being **forearm, serratus anterior, PENG, ESP, interscalene, and popliteal sciatic** blocks.



- Other extremely useful and very useful blocks were forearm (62.8%), serratus anterior (55.3%), pericapsular nerve group (PENG) (47.9%), erector spinae plane (47.1%), interscalene (32.2%), dorsal penile (39.2%), and popliteal sciatic (25.7%) blocks



Arqam Husain, Andrew Park, Anja Kathrina Jaehne, Joseph Miller, Ahmed Naseem, Nigel Bowe, Jamie Roberman, Farrah Aquino, Abigail Brackney, Christopher Clark

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