This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

| **Emla® cream** | |
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| **Legal status** (GSL, P or POM on exemption list, or PGD) | ▪ P - midwife may supply and apply to the skin |
| **Patient group** | Women requiring local anaesthesia prior to venepuncture or venous cannulation. |
| **Clinical indication** | Percutaneous local anaesthetic to produce anaesthesia of the skin prior to venepuncture or venous cannulation. |
| **Pharmacology**<br>(Onset and duration of action where appropriate) | It acts as a local anaesthetic by inhibiting the ionic refluxes required for the initiation and conduction of nerve impulses, thereby stabilising the neuronal membrane and preventing pain signals being sent to the brain.<br>It is effective after 60 minutes and its duration is at least 2 hours after removal. |
| **Pharmaceutical form, strength, route of administration** | Cream with each gram containing:<br>lidocaine 25 mg and prilocaine 25 mg in a 5g tube.<br><br>For topical application. |
| **Dose, frequency and maximum number of doses or period of time for administration or supply** | Apply approximately 2g (just under half a tube) 60 minutes prior to venepuncture or venous cannulation.<br>Cover the area with an occlusive dressing marked with time of application.<br>Minimum time of application is 60 minutes and a maximum of 5 hours.<br>May be repeated once in 24 hours. |
| **Contra-indications/exclusion criteria** | ▪ known hypersensitivity to any component of the medicine<br>▪ known hypersensitivity to anaesthetics of the amide type |

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| **Cautions and action that will be taken if a caution applies** | ▪ patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methaemoglobinaemia are more susceptible to drug induced methaemoglobinaemia. In above cases or anaemia due to potential systemic availability of prilocaine.<br>▪ in cases of suspected methaemoglobinaemia, it is more accurate to monitor oxygen saturation by co-oximetry<br>▪ take care to limit the dose and area of application and to prevent accidental ingestion<br>▪ due to insufficient data on adsorption, do not apply to open wounds<br>▪ avoid contact with eyes or ears as EMLA may cause eye irritation - also the loss of protective reflexes may allow corneal irritation and potential abrasion - if contact with the eye occurs, immediately rinse the eye with water or sodium chloride solution and protect it until sensation returns<br>▪ avoid contact with the ears as EMLA may be ototoxic<br>▪ an application time of 15-30 minutes, may be sufficient in patients with atopic dermatitis<br>▪ check for and document any allergies<br>▪ check and document past medical and drug history and current medication to ascertain potential for overdose<br>▪ if a caution applies consult with a doctor<br>▪ document consultation in maternity record |
| **Medicine interactions and action that will be taken if a patient is taking a medicine that may interact** | ▪ anti-arrhythmic drugs class III (eg amiodarone)<br>▪ class I anti-arrhythmics such as mexiletine<br>▪ medicine which may induce methaemoglobinaemia such as sulphonamides, aniline dyes, benzocaine, chloroquine, dapsone, lidocaine, metoclopramide, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, quinine, zopiclone<br>▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply<br>▪ document consultation in maternity record<br>▪ refer to current BNF for latest information on interactions |
| **Potential adverse reactions and side effects including actions to be taken if adverse medicine reaction is suspected** | ▪ *transient local reactions such as paleness, erythema (redness) and oedema, skin sensations (an initial mild burning or itching sensation or warmth at the application site) - local paraesthesia such as tingling*<br>▪ *rarely systemic allergic reaction, methaemoglobinaemia*<br>▪ *corneal irritation after eye exposure*<br>▪ *on labour* Nil<br>▪ *on the neonate* Nil<br>▪ *on breast feeding* Nil<br><br>▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme* [http://yellowcard.mhra.gov.uk/](http://yellowcard.mhra.gov.uk/) |

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| **Overdose** | ▪ clinically significant methaemoglobinaemia has been reported<br>▪ local anaesthetic toxicity is manifested by symptoms of nervous system excitation and, in severe cases, central nervous and cardiovascular depression<br>▪ severe neurological symptoms (convulsions, CNS depression) must be treated by respiratory support and the administration of anticonvulsive drugs<br>▪ immediate assessment/treatment is essential - refer to medical staff<br>▪ manage in accordance with established treatment guidelines or see BNF overdose section<br>▪ for further advice contact National Poisons Centre 0344 892 0111 |
| **Action if patient declines** | ▪ refer to authorised prescriber or doctor<br>▪ document in maternity record |
| **Additional advice and information** | ▪ give the manufacturer's patient information leaflet to the woman |
| **Patient monitoring arrangements during and after treatment and follow-up required** | Remove dressing and cream after 60 minutes and mark out the application site.<br>The cream must not be in contact with the skin for more than 5 hours.<br>In case of severe local reaction, remove cream immediately, inform doctor and treat affected area symptomatically. |
| **Particular storage requirements** | - |

**References**


1. Summary of Product Characteristics Emla ® cream. Text revision 4.5.2017. Accessed 30.12.2019 http://www.medicines.org.uk
2. http://www.bnf.org