

Pain Management
Phone: 682-885-7246
 1500 Cooper Street
 Fort Worth, Texas 76104



LMX-4 Cream

LMX-4 (topical lidocaine) is a cream that will temporarily *numb* the skin. This may reduce or prevent the pain associated with needlestick procedures.

Where to use

Only use on *healthy* skin. Apply only to the area ordered by your doctor.

Do not use on skin that has:

- | | |
|----------|------------|
| Cuts | Rashes |
| Blisters | Scrapes |
| Sores | Infections |
| Wounds | Swelling |

Do not use on lips, mouth, or diaper areas.

Do I need a prescription?

This medicine may be available over-the-counter at your local pharmacy. However, your doctor may send you a prescription for possible insurance coverage.

Before we order LMX-4

We need to know:

- Your child's health problems.**
- Your child's known allergies.**
Please tell us if your child has had any type of reaction to other numbing medicines or lidocaine.
- Current medicines**
Bring all of your child's home medicines to the hospital. **Please include all:**
 - Scheduled and "take as needed" prescription medicines.
 - Over-the-counter (OTC) medicines, vitamins, supplements, herbals, and home remedies.
 - Inhalers, breathing treatments, eye drops, ear drops, or medicated cream or lotions.

When to give LMX-4

LMX-4 works best *20 to 30 minutes* before a procedure.

Time of my procedure:	
Time to apply LMX-4:	

- LMX-4 can stay on the skin for 60 minutes.
- The numb feeling may last for 90 minutes after the cream has been wiped away.

How to apply LMX-4

Put on disposable gloves.

Do not clean area before you apply cream.

If the skin is very dirty, you may rinse the area with soap and water.

1. Rub a small amount of cream over the area where the needle will go in. If you are not sure, ask us when you arrive. You can apply the cream at this time.
2. Apply LMX-4 to cover an area about the size of a nickel. This layer should be thick like frosting on a cake.
3. Rub cream into the skin for about 30 seconds.

Dressing

Some LMX-4 kits come with a clear dressing.

You do not need to cover LMX-4 with a dressing for it to work.

We use the dressing to keep the cream from rubbing off. If there is not a dressing, you can use "press and seal" or any brand of clear plastic wrap to keep the cream in place.

- Wrap loosely around the arm or leg and secure with clear tape.
- If you wrap the dressing too tight, it can decrease the blood to the fingers or toes.
- **Do not use heat or cold on the site.** This can change how much medicine is absorbed.

Do not re-apply LMX-4 to the same area for 2 hours.

After you apply LMX-4

1. Remove your disposable gloves.
2. In case you still have some cream on your fingers, rinse your hands with water only. Soap and alcohol gel increase the amount of cream you absorb.

If LMX-4 gets into your eyes:

Flush eyes or rinse area with lukewarm water until the feeling returns.

Storing LMX-4

Keep all medicine away from children.

Never share your child's medicine with anyone.

Keep LMX-4 in a closed container. Keep at room temperature, away from heat, moisture, and direct light.

Possible side effects of LMX-4

Temporary redness, stinging, or a little swelling may occur at the application site. If these problems continue or get worse, call your doctor.

Possible serious effects *rare*

Call your doctor or 911 *immediately* if your child has any of these side effects:

Allergic Reaction

- Itching
- Skin rash or hives
- Swelling in face or hands
- Trouble breathing
- Swelling or tingling in mouth or throat
- Chest tightness

The healthcare provider talked to me about the information in this handout.

- I know what I need to do.
- I know why doing this is important.
- All my questions have been answered.
- I have a copy of this handout.

Patient Name

Patient, Parent, or Legally Authorized Representative

Printed Name

Signed Name

Your Relationship to the Patient

Date

Time a.m. / p.m.

_____ **For staff use only** _____

LMX-4-Cream

Healthcare Provider

MRN (Medical Record Number)

Printed Name

Signed Name

Date

Time a.m. / p.m.

Interpreter

Printed Name

Signed Name

Interpreter Number

Date

Time a.m. / p.m.

Print or imprint Patient Information

MRN _____

CSN _____