

# EPIDURAL / SPINAL ANALGESIA CHART

Med Rec. No: .....  
 Surname: .....  
 Forename: .....  
 D.O.B. ....

ANAESTHETIST: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Time of insertion: \_\_\_\_\_  
 Weight: \_\_\_\_\_ kg

## DRUG ALERT LABEL

### ALLERGIES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EPIDURAL HISTORY:**  
 Previous epidural Y / N  
 Spinal haematoma risk Y / N

Verbal consent obtained Y / N

**SPINAL NEEDLE DETAILS:**  
 Sprotte 24G / Whitacre 25G /  
 Whitacre 27G / Other

**EPIDURAL/SPINAL DETAILS:**  
 Patient position: Sitting / Lying  
 Skin to space: \_\_\_\_\_ cm  
 Length of catheter in space: \_\_\_\_\_ cm

**INSERTION LEVEL**  
 Epidural: \_\_\_\_\_ Loss of resistance to: Air / Saline  
 Technically difficult: Y / N  
 Spinal: \_\_\_\_\_ Tunnelled: Y / N

COMMENTS/COMPLICATIONS: \_\_\_\_\_  
 \_\_\_\_\_

#### INITIAL THERAPY (Anaesthetist Only)

Date	Time	Fluid	ADDITIVE	Volume	Dr Sign

BAG/SYRINGE 1 / ORDER #	BAG/SYRINGE 2 / ORDER #	BAG/SYRINGE 3 / ORDER #	BAG/SYRINGE 4 / ORDER #
Date:      Time:	Date:      Time:	Date:      Time:	Date:      Time:
Sign (1):	Sign (1):	Sign (1):	Sign (1):
Sign (2):	Sign (2):	Sign (2):	Sign (2):

#### Choose appropriate stamp below for further pain relief (Bolus, Infusion, PCEA)

**ORDER #1**    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

SIGN: \_\_\_\_\_

**ORDER #3**    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

SIGN: \_\_\_\_\_

**ORDER #2**    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

SIGN: \_\_\_\_\_

**ORDER #4**    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

SIGN: \_\_\_\_\_





# NURSING STAFF INSTRUCTIONS:

<b>STANDARD ORDERS:</b> 1. No Opioids or Sedatives by any route except as ordered by Anaesthetist. 2. No drugs to be injected via the Epidural Catheter unless ordered. 3. Bacterial Filter must always be on the Catheter. 4. <b>Naloxone, Ephedrine and Gelofusine</b> must be available on the ward. 5. <b>Maintain patient intravenous cannula for 6 hours after cessation of the Epidural infusion.</b> 6. System must be clearly labelled as "Epidural" or "Intrathecal" (= spinal)		<b>EPIDURAL ANALGESIA:</b> 1. PUMP at or below level of epidural filter, where possible 2. Watch for urinary retention 3. Check epidural site tds & with bolusing
<b>KEY:</b> RR = respiratory rate CS = conscious state BP = blood pressure LA = local anaesthetic PCEA = patient controlled epidural analgesia	<b>CONSCIOUS STATE:</b> 0 = alert 1 = occasionally drowsy 2 = frequently drowsy 3 = difficult to rouse 4 = sleeping – easy to rouse	<b>OBSERVATIONS</b> <b>TOP UPS</b> <u>Opioid</u> <ul style="list-style-type: none"> <li>RR + CS at 5 &amp; 15 mins after top up</li> <li>Hourly for 4 h (for 12h if morphine + hrly bladder fx)</li> <li>Intrathecal morphine (as above)</li> </ul> <u>Local Anaesthetic (LA)</u> BP & Pulse (a) Prior to top up (b) 5, 10, 15 & 20 min after top up (c) then at 30 & 60 min (d) pain score 2 hourly (e) dermatomes 2 hourly <b>PCEA</b> Number of demands and drug dose administered 2 hourly for duration. <u>Post-operatively</u> RR + CS (a) hourly for first 4 h (b) 2 hourly for duration (c) continue 4 h after completion (12 h if morphine) (d) if LA, also record BP and dermatomes (e) pain score 2 hourly <u>Labour</u> (a) hourly CS + RR for duration (b) half hourly BP for duration (c) BP & Pulse at 5, 10, 15 & 20 min after staff-administered top up (d) Pain score hourly
<b>MANAGEMENT OF COMPLICATIONS:</b> <b>HYPOTENSION</b> If systolic BP falls below <b>80</b> mmHg <ol style="list-style-type: none"> <li>STOP EPIDURAL</li> <li>Rapidly infuse 500ml IV Hartmanns or Normal saline</li> <li>Roll patient on to side, if appropriate</li> <li>Elevate patient's legs - Do NOT lower head of bed</li> <li>Oxygen at 6L/min via Hudson mask</li> <li>Obtain vasopressor drugs</li> <li>Call Anaesthetist or RMO</li> </ol>		
<b>RESPIRATION</b> If Respiratory rate < 8 → STOP EPIDURAL If Respiratory Rate < 6 or not rousable <ol style="list-style-type: none"> <li>Stop epidural</li> <li>Give oxygen at 6L/min via Hudson mask</li> <li>Give naloxone 0.4mg (1 ampule) IVI repeating every 2 mins to max 8 doses</li> <li>CALL ANAESTHETIST</li> <li>Intermittent ventilation with AMBU BAG may be necessary with severe respiratory depression.</li> </ol>		
<b>SEDATION</b> If conscious state score = 3 <ol style="list-style-type: none"> <li>STOP EPIDURAL</li> <li>Give oxygen 6L/min via Hudson mask</li> <li>Give naloxone 0.4mg IM/IV</li> <li>CALL ANAESTHETIST</li> </ol>		
<b>PAIN</b> If pain score > 5 on movement → CALL ANAESTHETIST or PAIN NURSE		
<b>MOTOR BLOCK</b> If Grade 3-5 lower limb function or involving arms <ol style="list-style-type: none"> <li>STOP EPIDURAL</li> <li>Call Anaesthetist</li> </ol>		
<b>FACIAL NUMBNESS / TWITCHING</b> <ol style="list-style-type: none"> <li>STOP EPIDURAL</li> <li>Give oxygen 6L/min via Hudson mask</li> <li>CALL ANAESTHETIST</li> </ol>		
<b>EPIDURAL DISCONNECTION</b> If epidural line is disconnected at any position – <b>DO NOT RECONNECT</b> <ol style="list-style-type: none"> <li>Cover with sterile gauze</li> <li>CALL ANAESTHETIST</li> </ol>		
<b>URINARY RETENTION</b> Call RMO.		
<b>DERMATOMES</b> Report epidural block higher than T4, if there is no evidence of block if unilateral block or poor pain control.		

LOWER LIMB FUNCTION (BROMAGE)	SIGNIFICANCE	NURSING ACTION
1 Sustain a straight leg raise	No motor block	May ambulate/sit out of bed
2 Can flex hip easily	Minimal motor block	May ambulate/sit out of bed with assistance
3 Can flex hip but weak & easily overcome	Moderate motor block	Bed rest + contact Anaesthetist
4 Can flex hip but can't sustain flexion against gravity	Significant motor block	Contact Anaesthetist / APS (if > 4 hrs post-op)
5 Cannot flex hip	Profound motor block	Contact Anaesthetist / APS (if > 4 hrs post-op)

<b>DERMATOMES</b> <ul style="list-style-type: none"> <li>Assess sensory block by testing change in temperature sensation <b>bilaterally</b> at the dermatome levels (see diagram) by applying ice pack or alcohol swab.</li> <li>Assess block - on return to ward               <ul style="list-style-type: none"> <li>each shift</li> <li>if patient complains of severe pain</li> <li>prior to reducing or increasing infusion rate</li> </ul> </li> </ul>
<b>BROMAGE</b> <ul style="list-style-type: none"> <li>Assess motor block</li> <li>Do not ambulate a patient unless lower limb function 1 or 2</li> <li>Any prolonged motor block should be communicated to Anaesthetist</li> </ul>

**Important dermatome levels**

T4 Nipple line  
T6 Xiphisternum  
T10 Umbilicus