Epidural Analgesia Chart – adult

Education Slide Presentation

A presentation prepared by the
Pain Interest Group Nursing Issues
in association with the Agency of Clinical Innovation
Pain Management Network

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FEBRUARY 25, 2015

Epidural Analgesia Chart - adult

The Epidural Analgesia prescription and observation chart for adult patients has been developed by a team of experts in the field of acute pain including clinical nurse consultants, anaesthetists and pharmacy representatives.

The Epidural Analgesia chart – adult, is not suitable for paediatric patients.

Standardisation of this chart promotes best practice in prescribing, pain assessment and management of adverse effects in those patients receiving Epidural Analgesia via an infusion modality.

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Aim of this presentation:

This presentation aims to explain

- **how to use the chart** for prescribing an epidural infusion
- **how to record the administration and discard** of drugs used for an epidural infusion
- **how to complete** the clinical observations
- **guidelines on the management of patients** receiving an epidural continuous infusion including the management of adverse effects

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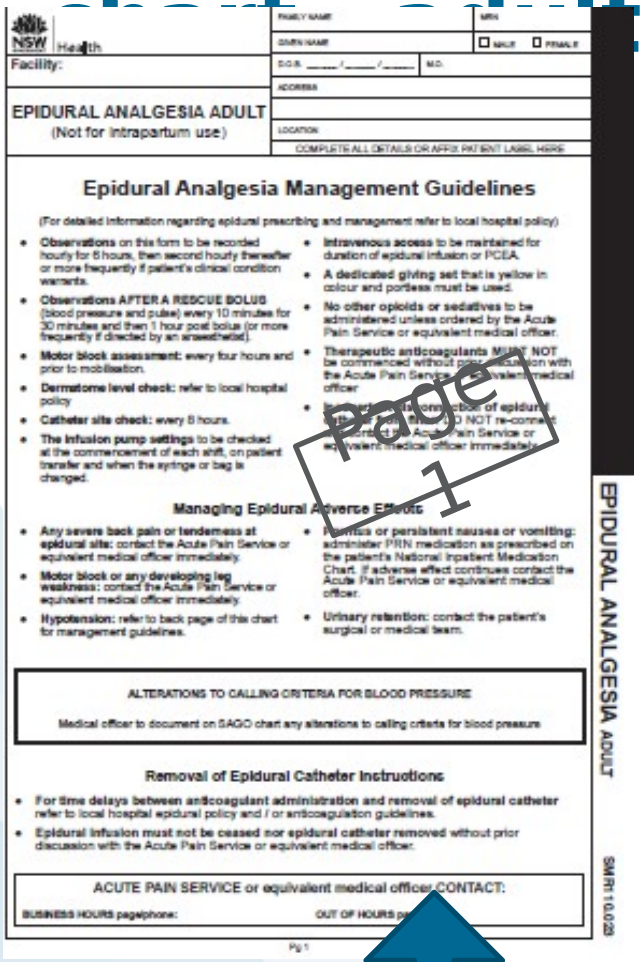
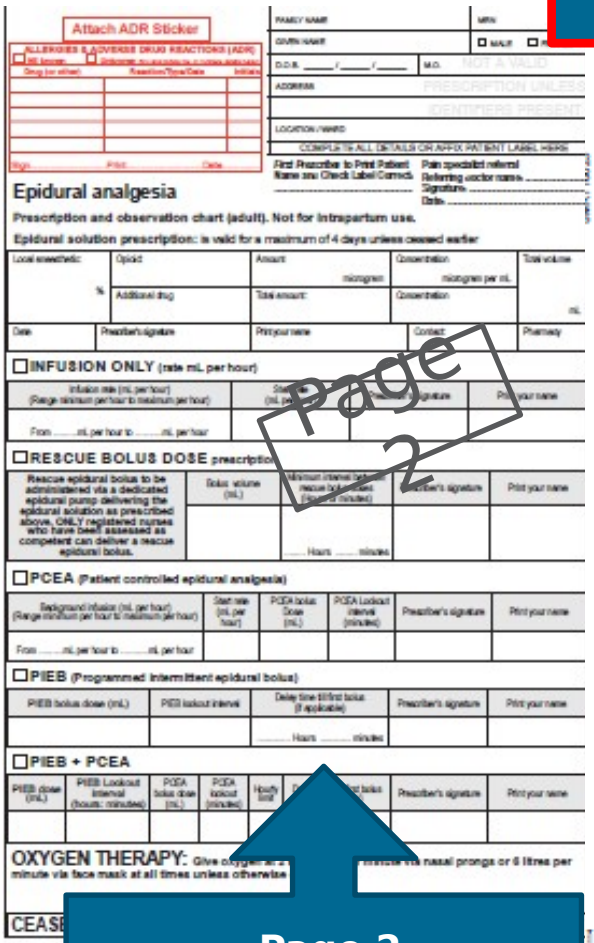
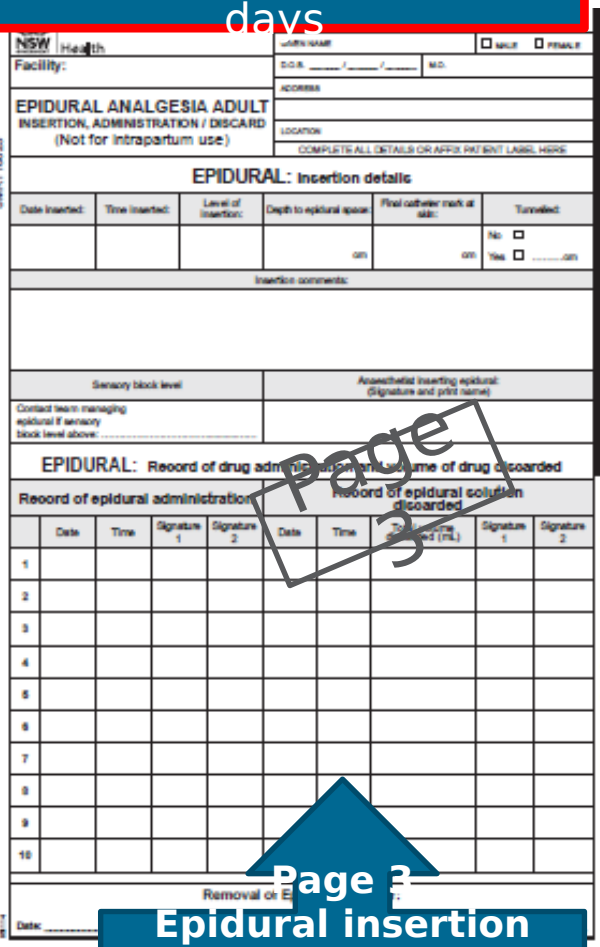
Epidural analgesia

Booklet format
Prescription valid for 4 days
Observation pages for 4 days







Page 1
Management and Removal of epidural catheter guidelines

Page 2
Epidural prescription, programs, oxygen therapy, epidural ceased

Page 3
Epidural insertion details
epidural drug administration, drug discard,
removal of epidural

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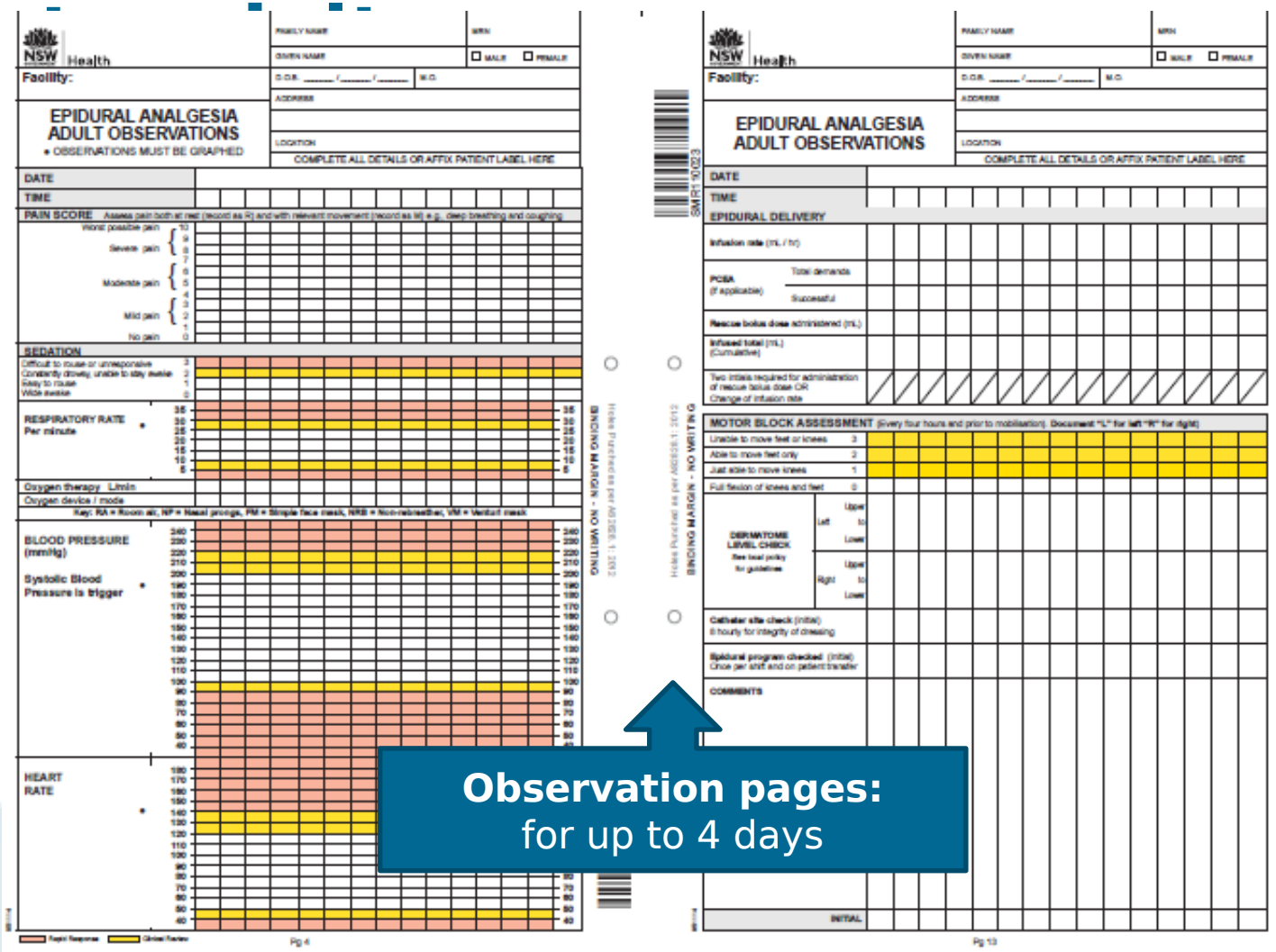
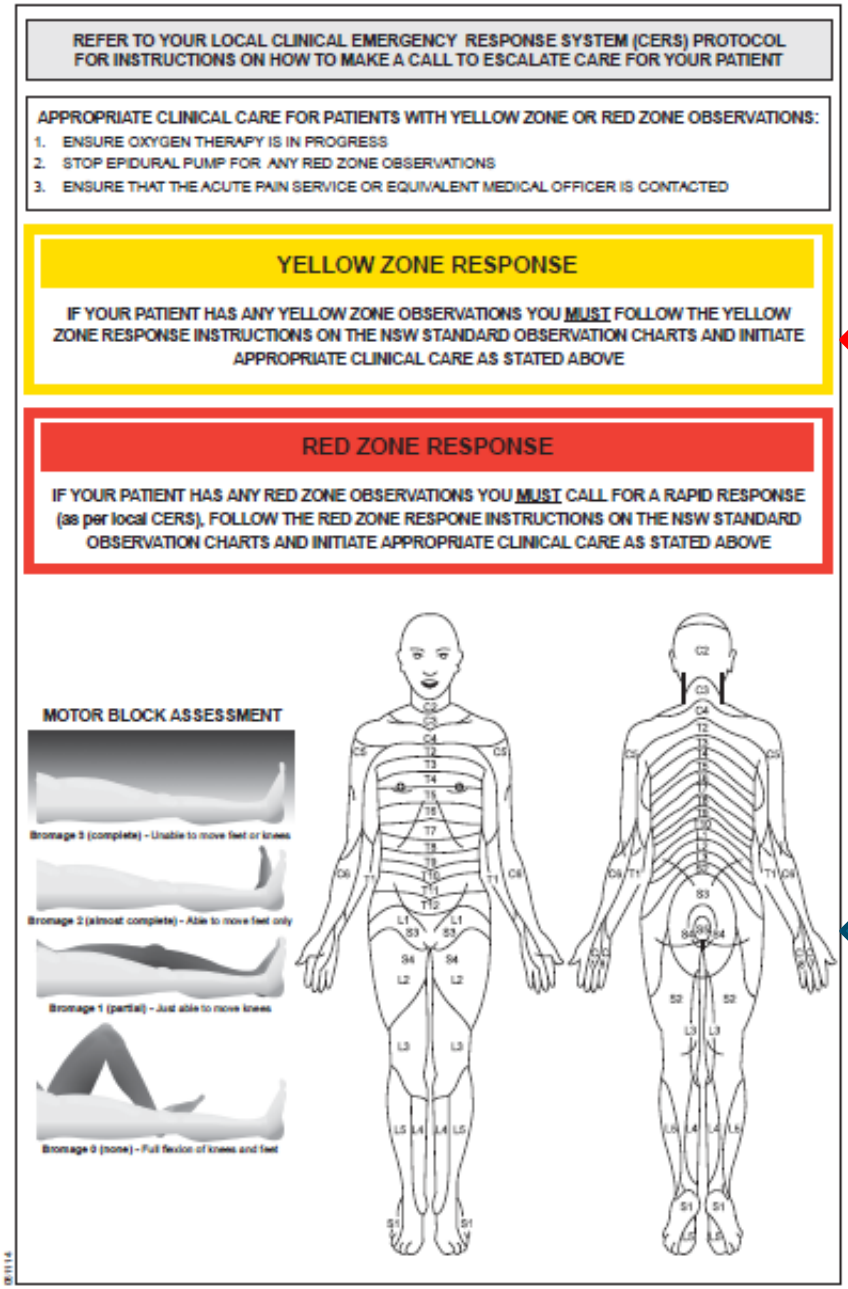
Epidural analgesia cha



Observation pages:
for up to 4 days



REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

APPROPRIATE CLINICAL CARE FOR PATIENTS WITH YELLOW ZONE OR RED ZONE OBSERVATIONS:

1. ENSURE OXYGEN THERAPY IS IN PROGRESS
2. STOP EPIDURAL PUMP FOR ANY RED ZONE OBSERVATIONS
3. ENSURE THAT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS CONTACTED

YELLOW ZONE RESPONSE

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS YOU MUST FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

RED ZONE RESPONSE

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS), FOLLOW THE RED ZONE RESPONE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

MOTOR BLOCK ASSESSMENT

Bromage 3 (complete) - Unable to move feet or knees

Bromage 2 (almost complete) - Able to move feet only

Bromage 1 (partial) - Just able to move knees

Bromage 0 (none) - Full flexion of knees and feet

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Instructions for managing patients whose observations are in the Yellow or Red Zone

Motor Block Assessment (Bromage score)

Dermatome diagram

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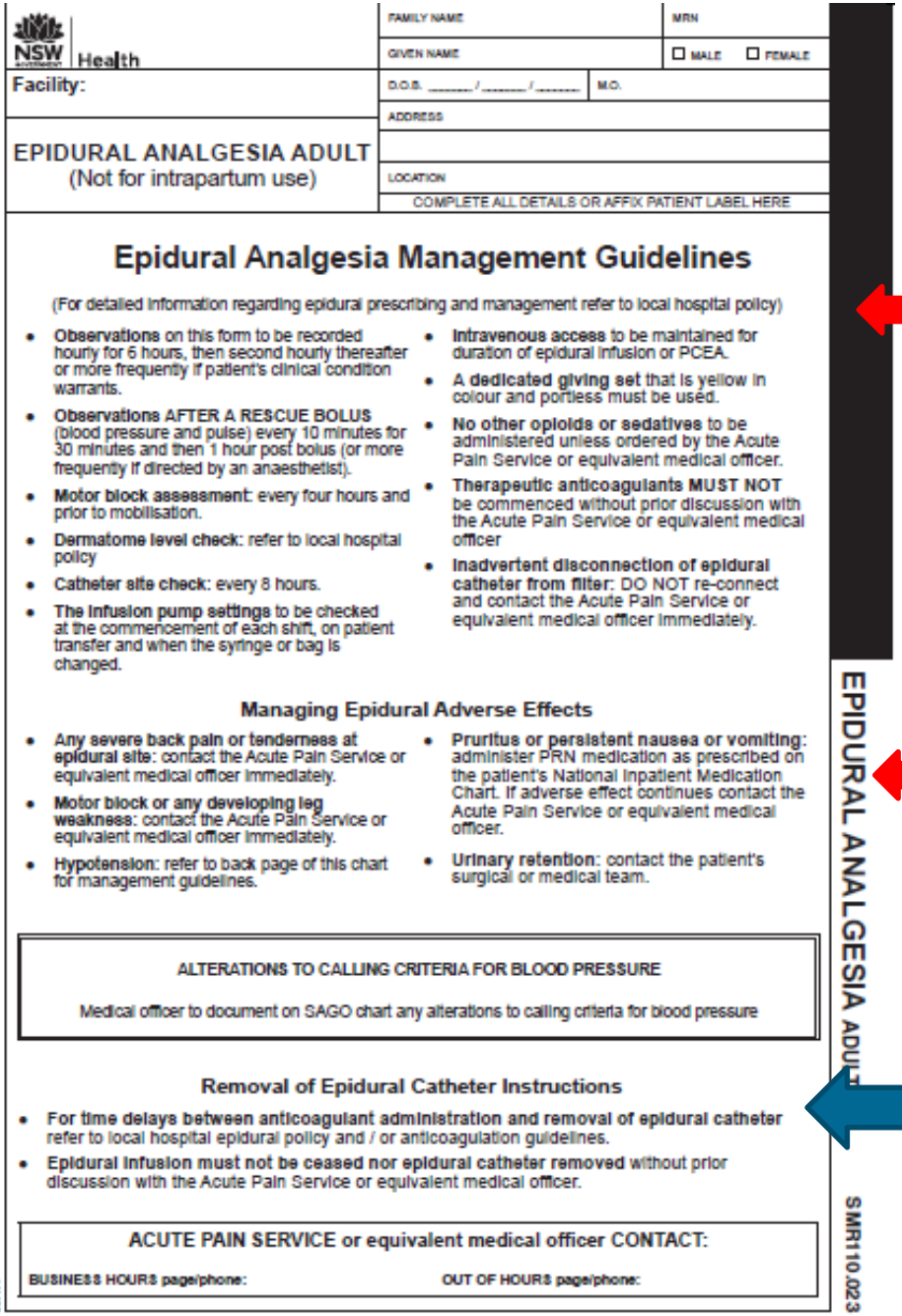

NSW Health

Facility:

EPIDURAL ANALGESIA ADULT
(Not for intrapartum use)

FAMILY NAME | MRN
GIVEN NAME | ☐ MALE ☐ FEMALE
D.O.B. ____/____/____ | M.O.
ADDRESS
LOCATION
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Epidural Analgesia Management Guidelines

(For detailed information regarding epidural prescribing and management refer to local hospital policy)

- **Observations** on this form to be recorded hourly for 6 hours, then second hourly thereafter or more frequently if patient's clinical condition warrants.
- **Observations AFTER A RESCUE BOLUS** (blood pressure and pulse) every 10 minutes for 30 minutes and then 1 hour post bolus (or more frequently if directed by an anaesthetist).
- **Motor block assessment**: every four hours and prior to mobilisation.
- **Dermatome level check**: refer to local hospital policy
- **Catheter site check**: every 8 hours.
- **The infusion pump settings** to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.
- **Intravenous access** to be maintained for duration of epidural infusion or PCEA.
- **A dedicated giving set** that is yellow in colour and portless must be used.
- **No other opioids or sedatives** to be administered unless ordered by the Acute Pain Service or equivalent medical officer.
- **Therapeutic anticoagulants MUST NOT** be commenced without prior discussion with the Acute Pain Service or equivalent medical officer
- **Inadvertent disconnection of epidural catheter from filter**: DO NOT re-connect and contact the Acute Pain Service or equivalent medical officer immediately.

Managing Epidural Adverse Effects

- **Any severe back pain or tenderness at epidural site**: contact the Acute Pain Service or equivalent medical officer immediately.
- **Motor block or any developing leg weakness**: contact the Acute Pain Service or equivalent medical officer immediately.
- **Hypotension**: refer to back page of this chart for management guidelines.
- **Pruritus or persistent nausea or vomiting**: administer PRN medication as prescribed on the patient's National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain Service or equivalent medical officer.
- **Urinary retention**: contact the patient's surgical or medical team.

ALTERATIONS TO CALLING CRITERIA FOR BLOOD PRESSURE

Medical officer to document on SAGO chart any alterations to calling criteria for blood pressure

Removal of Epidural Catheter Instructions

- **For time delays between anticoagulant administration and removal of epidural catheter** refer to local hospital epidural policy and / or anticoagulation guidelines.
- **Epidural infusion must not be ceased nor epidural catheter removed** without prior discussion with the Acute Pain Service or equivalent medical officer.

ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

BUSINESS HOURS page/phone: **OUT OF HOURS page/phone:**

EPIDURAL ANALGESIA ADULT

SMR110.023

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For detailed information regarding Epidural prescribing and management refer to local hospital epidural policy or procedure

Managing adverse effects

Removal of epidural catheter instructions

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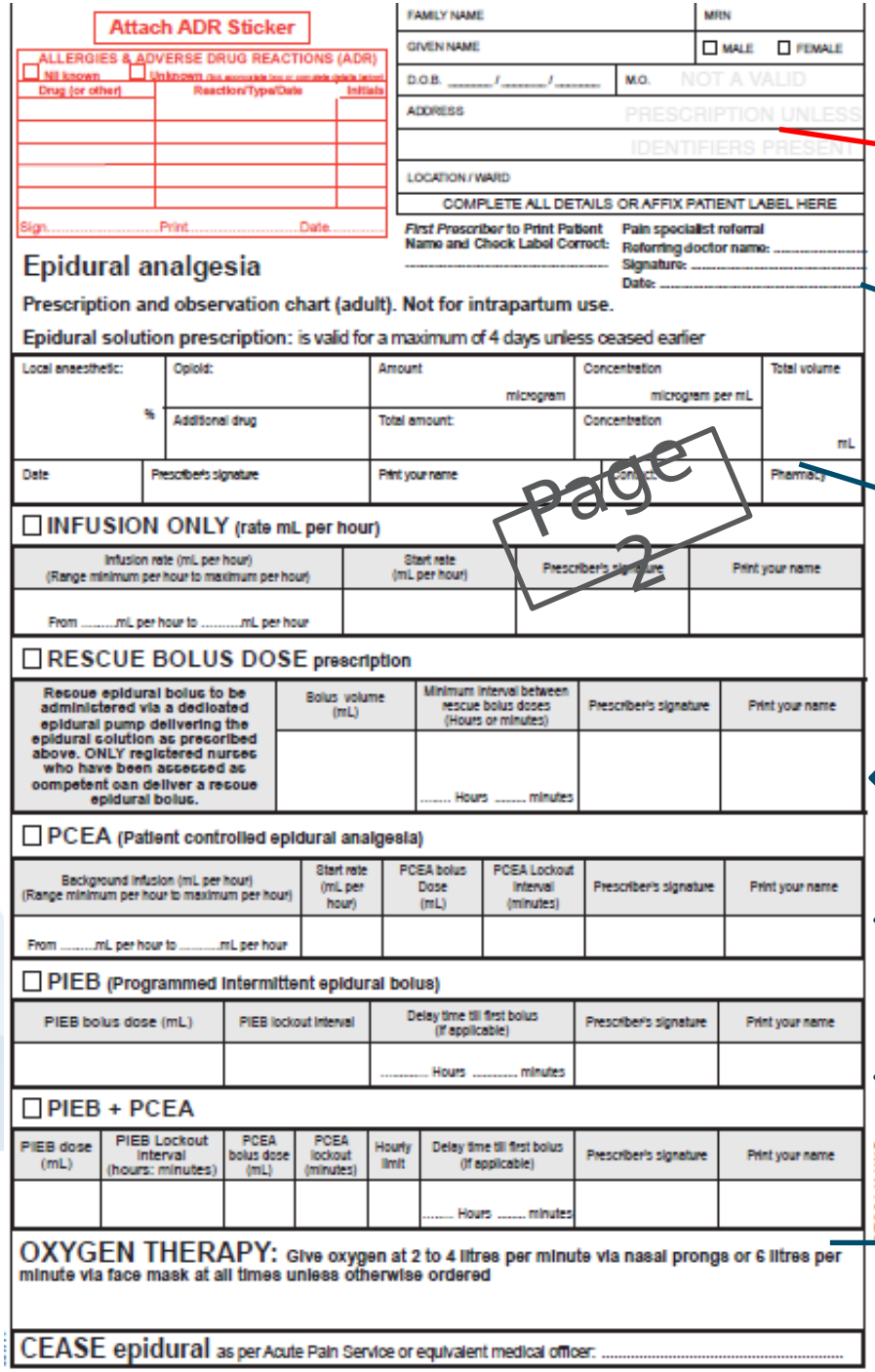
Prescription



Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
Nil known Unknown
Drug (or other) | Reaction/Type/Date | Initials
Sign ..... Print ..... Date .....

FAMILY NAME | MRN
GIVEN NAME | MALE FEMALE
D.O.B. ___/___/___ | M.O.
ADDRESS
LOCATION / WARD
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct: .....

Pain specialist referral
Referring doctor name: .....
Signature: .....
Date: .....

Epidural analgesia

Prescription and observation chart (adult). Not for intrapartum use.

Epidural solution prescription: is valid for a maximum of 4 days unless ceased earlier

Local anaesthetic: %	Opioid:	Amount: microgram	Concentration: microgram per mL	Total volume: mL
	Additional drug	Total amount:	Concentration	
Date	Prescriber's signature	Print your name	Contact	Pharmacy

Page 2

☐ **INFUSION ONLY** (rate mL per hour)

Infusion rate (mL per hour) (Range minimum per hour to maximum per hour)	Start rate (mL per hour)	Prescriber's signature	Print your name
From .....mL per hour to .....mL per hour			

☐ **RESCUE BOLUS DOSE** prescription

Rescue epidural bolus to be administered via a dedicated epidural pump delivering the epidural solution as prescribed above. ONLY registered nurses who have been assessed as competent can deliver a rescue epidural bolus.	Bolus volume (mL)	Minimum interval between rescue bolus doses (Hours or minutes)	Prescriber's signature	Print your name
		..... Hours ..... minutes		

☐ **PCEA** (Patient controlled epidural analgesia)

Background infusion (mL per hour) (Range minimum per hour to maximum per hour)	Start rate (mL per hour)	PCEA bolus Dose (mL)	PCEA Lockout interval (minutes)	Prescriber's signature	Print your name
From .....mL per hour to .....mL per hour					

☐ **PIEB** (Programmed intermittent epidural bolus)

PIEB bolus dose (mL)	PIEB lockout interval	Delay time till first bolus (if applicable)	Prescriber's signature	Print your name
		..... Hours ..... minutes		

☐ **PIEB + PCEA**

PIEB dose (mL)	PIEB Lockout interval (hours: minutes)	PCEA bolus dose (mL)	PCEA lockout (minutes)	Hourly limit	Delay time till first bolus (if applicable)	Prescriber's signature	Print your name
					..... Hours ..... minutes		

OXYGEN THERAPY: Give oxygen at 2 to 4 litres per minute via nasal prongs or 6 litres per minute via face mask at all times unless otherwise ordered

CEASE epidural as per Acute Pain Service or equivalent medical officer: .....

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Patient label and allergy adverse reactions

pain specialist referral, name and signature of the doctor making the

Epidural prescription

Program prescription options:

- Infusion only
- Rescue bolus dose
- PCEA (patient controlled epidural bolus)
- PIEB (programmed intermittent epidural bolus)
- PIEB+PCEA

Oxygen therapy

Epidural prescription:

Prescriber to complete patient allergy and ADR section in full

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

☐ Nil known ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials

Sign *PSmith* Print SMITH Date 3/3/15

details OR affix patient label

(First prescriber to check patient label is

FAMILY NAME

GIVEN NAME ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ M.O.

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber **to Print Patient Name and Check Label Correct:**

.....

Pain specialist referral

Referring doctor name: .....

Signature: .....

Date: .....

Epidural analgesia

Prescription and observation chart (adult). Not for intrapartum use.

Epidural solution prescription: is valid for a maximum of 4 days unless ceased earlier

PRIVATE PATIENTS: A pain specialist referral from the referring doctor (name), signature and

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Epidural prescription:

Below is an EXAMPLE prescription
Refer to hospital Epidural policy for local guidelines on Epidural analgesia prescribing

Epidural solution prescription: is valid for a maximum of 4 days unless ceased earlier

Local anaesthetic: ***Ropivacaine 0.2%***	Opioid: ***Fentanyl***	Amount ***400*** microgram	Concentration ***2*** microgram per mL	Total volume ***200 mL*** mL
	Additional drug ***NIL***	Total amount:	Concentration	
Date ***3/3/15***	Prescriber's signature ***TSmith***	Print your name ***SMITH***	Contact: ***7511***	Pharmacy

Epidural prescription to include: local anaesthetic, opioid, amount, concentration, total volume

Space is provided for an additional drug to be added if needed

Prescriber's signature, printed name and contact

Space provided for pharmacist reconciliati

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Epidural program options:

Below is an EXAMPLE for an ***INFUSION ONLY*** *program and a* ***RESCUE BOLUS DOSE*** *for administration by a registered nurse*
Refer to hospital epidural policy for local guidelines on epidural program prescribing

☐ **INFUSION ONLY (rate mL per hour)**

Infusion rate (mL per hour) (Range minimum per hour to maximum per hour)	Start rate (mL per hour)	Prescriber's signature	Print your name
From 5 mL per hour to 10 mL per hour	**5 mL**	***TSmith***	**SMITH** ***7511***

☐ **RESCUE BOLUS DOSE prescription**

Rescue epidural bolus to be administered via a dedicated epidural pump delivering the epidural solution as prescribed above. ONLY registered nurses who have been assessed as competent can deliver a rescue epidural bolus.	Bolus volume (mL)	Minimum interval between rescue bolus doses (Hours or minutes)	Prescriber's signature	Print your name
	5 mL	2 Hours ☐ minutes	***TSmith***	**SMITH** ***7511***

Epidural program options:

Below is an EXAMPLE for a PIEB program
Refer to hospital epidural policy for local guidelines on epidural program prescribing

☐ **PCEA (Patient controlled epidural analgesia)**

Background infusion (mL per hour) (Range minimum per hour to maximum per hour)	Start rate (mL per hour)	PCEA bolus Dose (mL)	PCEA Lockout interval (minutes)	Prescriber's signature	Print your name
From .....mL per hour to .....mL per hour					

☐ **PIEB (Programmed intermittent epidural bolus)**

PIEB bolus dose (mL)	PIEB lockout interval	Delay time till first bolus (if applicable)	Prescriber's signature	Print your name
5 mL	**60 minutes**	..... Hours ***30*** minutes	***TSmith***	**SMITH** ***7511***

☐ **PIEB + PCEA**

PIEB dose (mL)	PIEB Lockout interval (hours: minutes)	PCEA bolus dose (mL)	PCEA lockout (minutes)	Hourly limit	Delay time till first bolus (if applicable)	Prescriber's signature	Print your name
					..... Hours ..... minutes		

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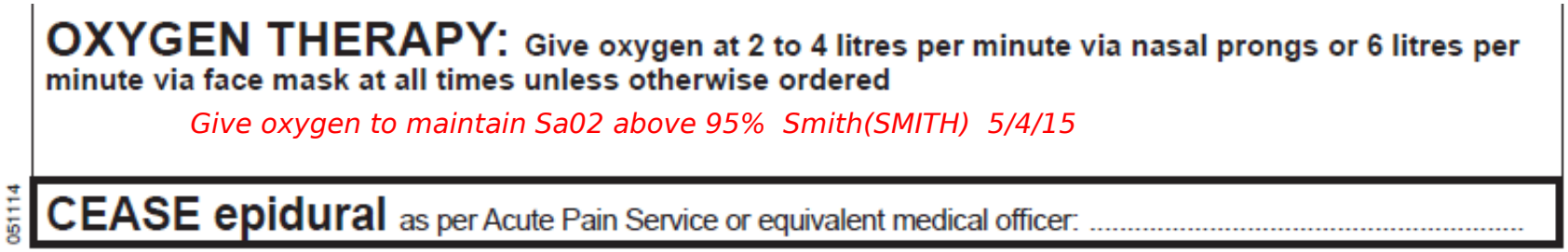
Oxygen therapy and cessation of epidural:

Administration of oxygen therapy default as stated OR space is provided for individual patient instructions for oxygen delivery



OXYGEN THERAPY: Give oxygen at 2 to 4 litres per minute via nasal prongs or 6 litres per minute via face mask at all times unless otherwise ordered

Give oxygen to maintain Sa02 above 95% Smith(SMITH) 5/4/15

051114

CEASE epidural as per Acute Pain Service or equivalent medical officer: .....

CEASE EPIDURAL as per Acute Pain Service or equivalent medical officer.

Insertion details

EPIDURAL ANALGESIA ADULT **INSERTION, ADMINISTRATION / DISCARD** (Not for intrapartum use)	ADDRESS LOCATION COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

EPIDURAL: Insertion details

Date inserted:	Time inserted:	Level of insertion:	Depth to epidural space:	Final catheter mark at skin:	Tunnelled:
5/4/15	***10:00***	***5/4/15***	cm	cm	No ☒ Yes ☐ .....cm

Insertion comments:

Sensory block level	Anaesthetist inserting epidural: (Signature and print name)
Contact team managing epidural if sensory block level above:	***TSmith*** **SMITH**

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Administration and discard of epidural solution:

EPIDURAL: Record of drug administration and volume of drug discarded

Record of epidural administration					Record of epidural solution discarded				
	Date	Time	Signature 1	Signature 2	Date	Time	Total volume discarded (mL)	Signature 1	Signature 2
1	5/4/15	10:00	*THall*	*SRose*	5/4/15	20:00	5	*BLoh*	*JLucas*
2	6/4/15	20:00	*BLoh*	*JLucas*	7/4/15	09:00	50 mL	*Plamb*	*TBuck*
3									
4									
5									
6									
7									
8									
9									
10									

Page 3

Epidural commenced

Discard of any remaining epidural solution

Removal of Epidural Catheter:

Date: _____ Time: _____ Signature: _____ Print name: _____

Removal of epidural catheter

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NSW Health

Facility:

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

EPIDURAL ANALGESIA ADULT OBSERVATIONS

• OBSERVATIONS MUST BE GRAPHED

DATE

TIME

PAIN SCORE Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing

Worst possible pain 10
Severe pain 9 8 7
Moderate pain 6 5 4
Mild pain 3 2 1
No pain 0

SEDATION

Difficult to rouse or unresponsive 3
Constantly drowsy, unable to stay awake 2
Easy to rouse 1
Wide awake 0

RESPIRATORY RATE Per minute •

35 30 25 20 15 10 5

Oxygen therapy L/min

Oxygen device / mode

Key: RA = Room air, NP = Nasal prongs, FM = Simple face mask, NRB

BLOOD PRESSURE (mmHg)

Systolic Blood Pressure is trigger •

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

HEART RATE •

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

Rapid Response | Clinical Review

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NSW Health

Facility:

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

EPIDURAL ANALGESIA ADULT OBSERVATIONS

DATE

TIME

EPIDURAL DELIVERY

Infusion rate (mL / hr)

…al demands

…ccessful

…ministered (mL)

…dministration …R

…SSESSMENT (Every four hours and prior to mobilisation). Document "L" for left "R" for right)

…knees 3
2
… 1
…d feet 0

…RIATOME …EPEL CHECK See local policy for guidelines

Left: Upper to Lower

Right: Upper to Lower

Catheter site check (Initial) 8 hourly for integrity of dressing

Epidural program checked (Initial) Once per shift and on patient transfer

COMMENTS

INITIAL

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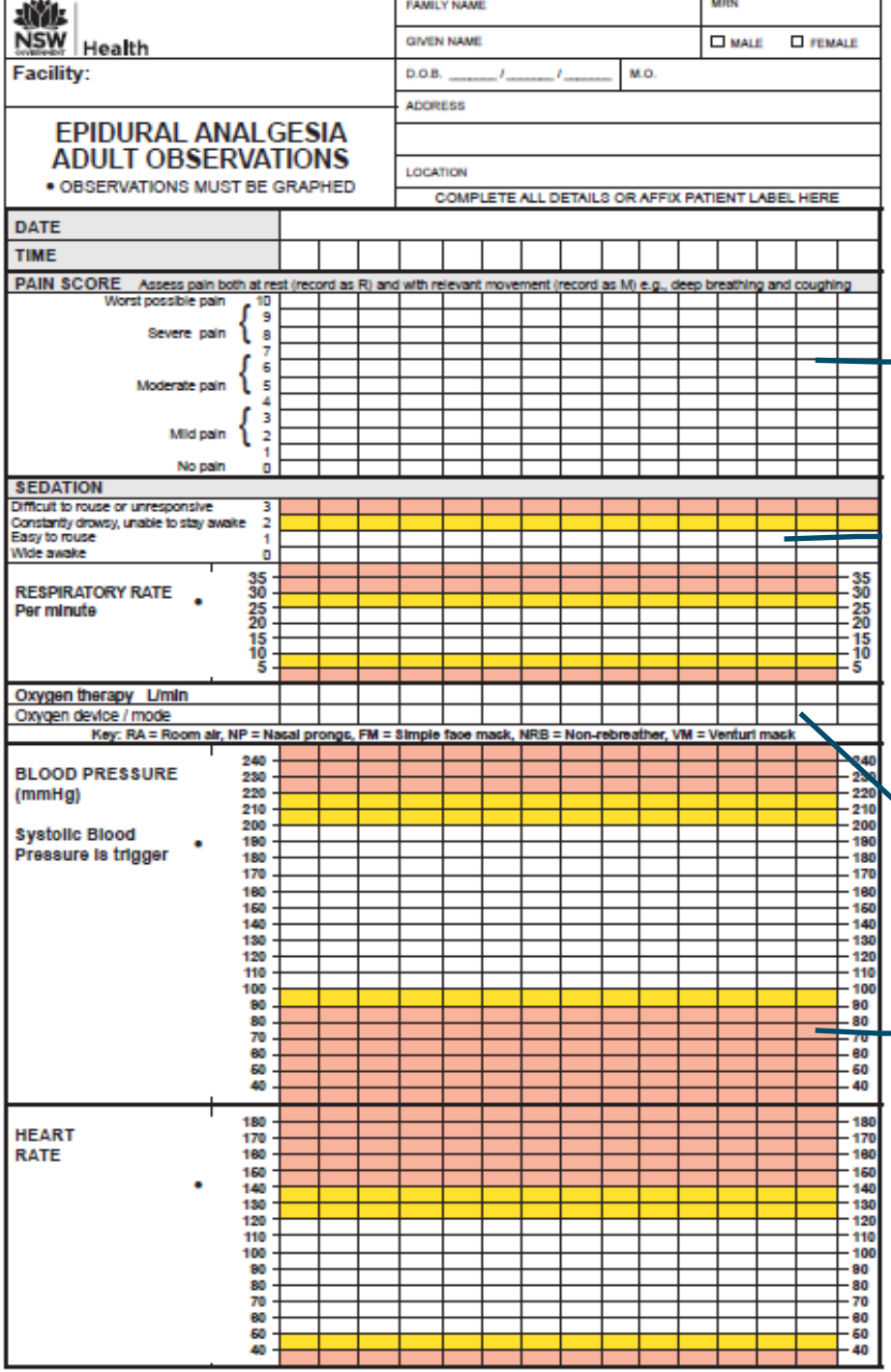
The Epidural chart provides observations for a maximum of **4 days.**
If the Epidural continues beyond 4 days, a new epidural chart must be started and a new prescription written

Observation pages



Observations: Part 1 (left side of chart)

Pain score

Sedation score and Respiratory rate

Oxygen therapy and oxygen device mode

Blood pressure and heart rate

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Observations: Part C

chart)

EPIDURAL DELIVERY
(complete applicable sections only)

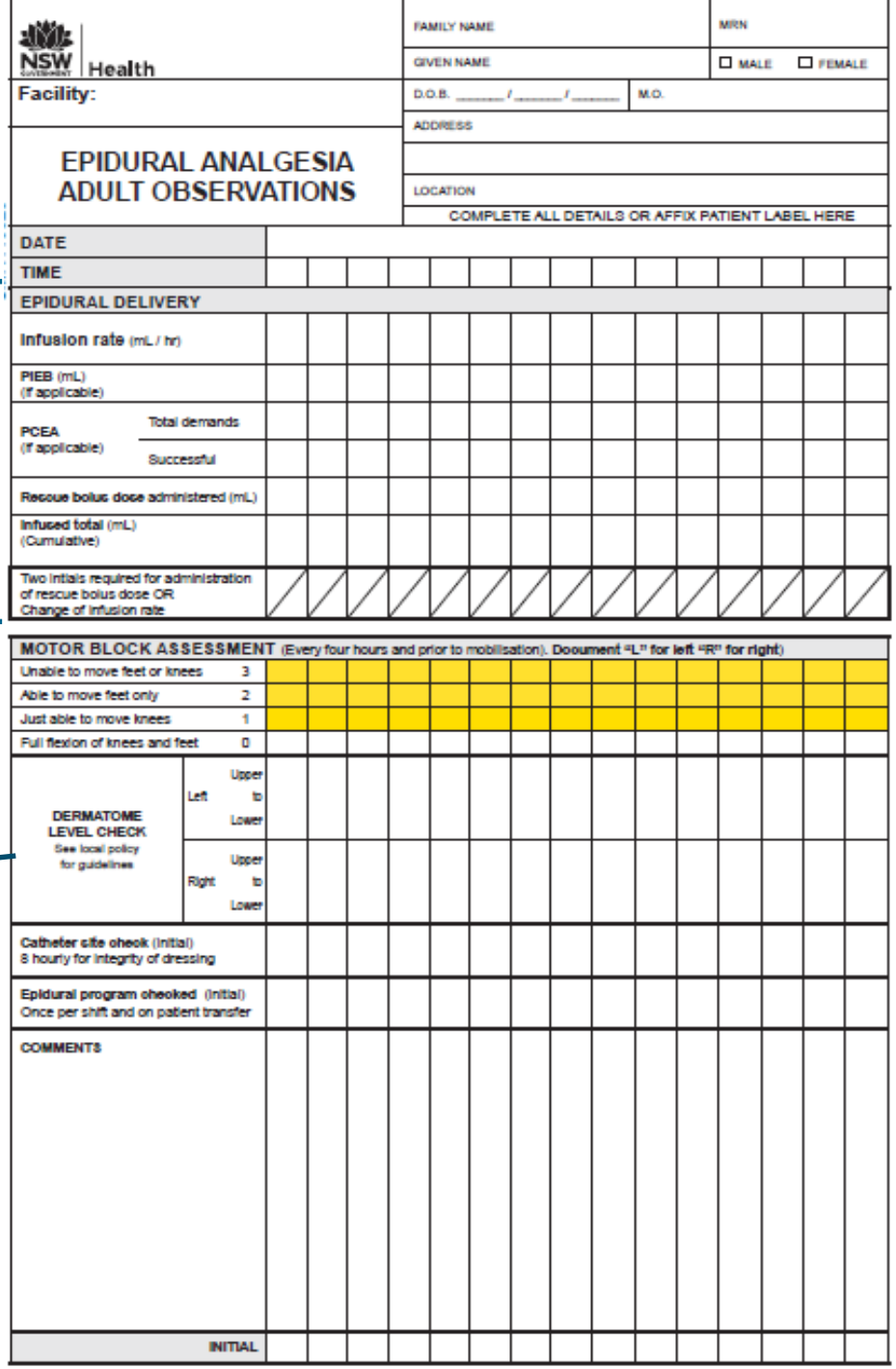
- Infusion rate
- PIEB
- PCEA
- Rescue bolus dose
- Infused total
- 2 initials for administration of rescue bolus dose

Motor block assessment

Dermatome level check (see local policy for guidelines)

Catheter site check (8 hourly for integrity of

Epidural program check (once per shift and on patient transfer)



NSW Health

Facility:

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. ____/____/____ | M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

EPIDURAL ANALGESIA ADULT OBSERVATIONS

DATE	
TIME	
EPIDURAL DELIVERY	
Infusion rate (mL / hr)	
PIEB (mL) (if applicable)	
PCEA (if applicable) — Total demands	
PCEA (if applicable) — Successful	
Rescue bolus dose administered (mL)	
Infused total (mL) (Cumulative)	
Two initials required for administration of rescue bolus dose OR Change of infusion rate	

MOTOR BLOCK ASSESSMENT (Every four hours and prior to mobilisation). Document "L" for left "R" for right)	
Unable to move feet or knees 3	
Able to move feet only 2	
Just able to move knees 1	
Full flexion of knees and feet 0	
DERMATOME LEVEL CHECK See local policy for guidelines — Left Upper to Lower	
DERMATOME LEVEL CHECK See local policy for guidelines — Right Upper to Lower	
Catheter site check (initial) 8 hourly for integrity of dressing	
Epidural program checked (initial) Once per shift and on patient transfer	
COMMENTS	
INITIAL	

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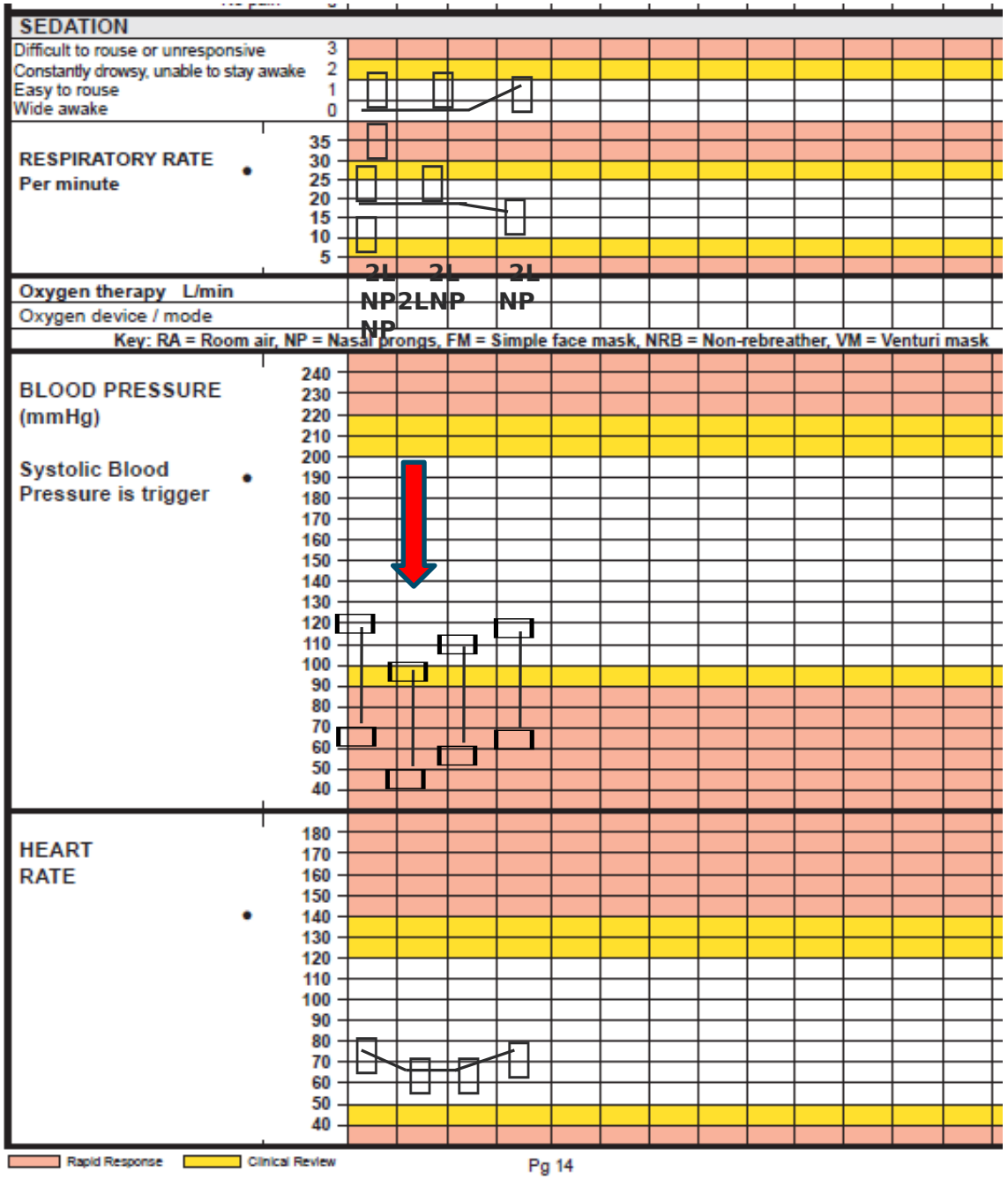
Documenting observations:
Pain Assessment: ‘R’ for rest ‘M’ for movement

DATE		*05/4/15*								
TIME		1100	1200	1300	1400	1500				
PAIN SCORE	Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing									
Worst possible pain	10									
Severe pain	9									
	8									
	7					M				
Moderate pain	6									
	5			M	R					
	4									
Mild pain	3	M	M			R				
	2			R	R					
	1	R	R							
No pain	0									



Documenting observations:

Sedation, respiratory rate, oxygen therapy, blood pressure and heart rate

Observations in the 'Yellow Zone' requires a Clinical Review by the Acute Pain Service

Observations in the 'Red Zone' requires a Rapid Response to be initiated AND contact the Acute Pain Service (or equivalent medical officer)

(or equivalent medical officer)

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Documenting observations:

- Infusion rate(mL/hr)
- PCEA (if applicable)
- Rescue bolus dose (if applicable)
- Infused total (cumulative)
- 2 initials for administration of

Motor block assessment

check
Check hospital policy for assessment requirements of dermatome level

check
Epidural program

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Facility:

GIVEN NAME ☐ MALE

D.O.B. ____ / ____ / ____ M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LAB

EPIDURAL ANALGESIA ADULT OBSERVATIONS

DATE		5/4/15											
TIME		0900	1000	1100	1200	1300	1400	1500					
EPIDURAL DELIVERY													
Infusion rate (mL / hr)		5	5	5	7	7	7	7					
PCEA (if applicable)	Total demands												
	Successful												
Rescue bolus dose administered (mL)				5									
Infused total (mL) (Cumulative)			10	20	27	34	41	48					
Two intials required for administration of rescue bolus dose OR Change of infusion rate				ES TG									
MOTOR BLOCK ASSESSMENT (Every four hours and prior to mobilisation). **Document "L" for left "R" for right)**													
Unable to move feet or knees	3												
Able to move feet only	2												
Just able to move knees	1	LR	LR	LR	LR	LR	L R	L R					
Full flexion of knees and feet	0												
DERMATOME LEVEL CHECK See local policy for guidelines	Left Upper to Lower			T9 - T12									
	Right Upper to Lower			T9 - T12									
Catheter site check (initial) 8 hourly for integrity of dressing		ES					BT						
Epidural program checked (initial) Once per shift and on patient transfer		ES					BT						
COMMENTS							APS notified about leg weakness						

The next 4 slides detail:

- **Epidural Analgesia Management Guidelines** on the front page
- **Yellow and Red Zone Instructions** on the back page
- **Motor block assessment and dermatome diagram** on the back page

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EPIDURAL ANALGESIA ADULT
(Not for intrapartum use)

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Epidural Analgesia Management Guidelines

(For detailed information regarding epidural prescribing and management refer to local hospital policy)

- **Observations** on this form to be recorded hourly for 6 hours, then second hourly thereafter or more frequently if patient's clinical condition warrants.
- **Observations AFTER A RESCUE BOLUS** (blood pressure and pulse) every 10 minutes for 30 minutes and then 1 hour post bolus (or more frequently if directed by an anaesthetist).
- **Motor block assessment:** every four hours and prior to mobilisation.
- **Dermatome level check:** refer to local hospital policy
- **Catheter site check:** every 8 hours.
- **The infusion pump settings** to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.
- **Intravenous access** to be maintained for duration of epidural infusion or PCEA.
- **A dedicated giving set** that is yellow in colour and portless must be used.
- **No other opioids or sedatives** to be administered unless ordered by the Acute Pain Service or equivalent medical officer.
- **Therapeutic anticoagulants MUST NOT** be commenced without prior discussion with the Acute Pain Service or equivalent medical officer
- **Inadvertent disconnection of epidural catheter from filter:** DO NOT re-connect and contact the Acute Pain Service or equivalent medical officer immediately.

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Managing Epidural Adverse Effects

- **Any severe back pain or tenderness at epidural site:** contact the Acute Pain Service or equivalent medical officer immediately.
- **Motor block or any developing leg weakness:** contact the Acute Pain Service or equivalent medical officer immediately.
- **Hypotension:** refer to back page of this chart for management guidelines.
- **Pruritus or persistent nausea or vomiting:** administer PRN medication as prescribed on the patient's National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain Service or equivalent medical officer.
- **Urinary retention:** contact the patient's surgical or medical team.

ALTERATIONS TO CALLING CRITERIA FOR BLOOD PRESSURE

Medical officer to document on SAGO chart any alterations to calling criteria for blood pressure

Removal of Epidural Catheter Instructions

- **For time delays between anticoagulant administration and removal of epidural catheter** refer to local hospital epidural policy and / or anticoagulation guidelines.
- **Epidural infusion must not be ceased nor epidural catheter removed** without prior discussion with the Acute Pain Service or equivalent medical officer.

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REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

APPROPRIATE CLINICAL CARE FOR PATIENTS WITH YELLOW ZONE OR RED ZONE OBSERVATIONS:

1. ENSURE OXYGEN THERAPY IS IN PROGRESS
2. STOP EPIDURAL PUMP FOR ANY RED ZONE OBSERVATIONS
3. ENSURE THAT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS CONTACTED

YELLOW ZONE RESPONSE

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS YOU MUST FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

RED ZONE RESPONSE

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS), FOLLOW THE RED ZONE RESPONE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

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MOTOR BLOCK ASSESSMENT



Bromage 3 (complete) - Unable to move feet or knees



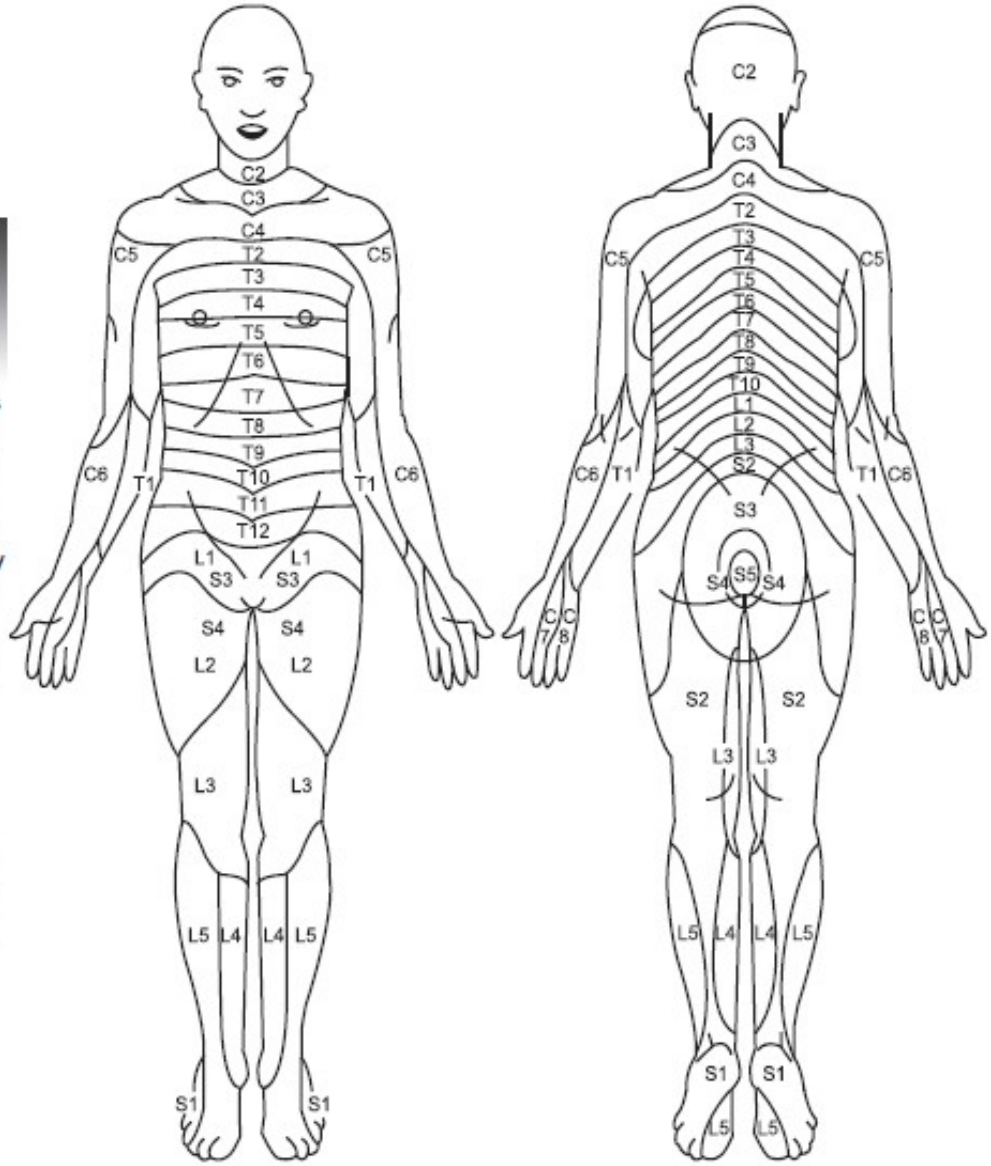
Bromage 2 (almost complete) - Able to move feet only



Bromage 1 (partial) - Just able to move knees



Bromage 0 (none) - Full flexion of knees and feet



The standardisation of this chart promotes best practice in prescribing, pain assessment and management of adverse effects in those patients receiving epidural analgesia via an infusion modality

Comments or questions can be directed to your implementation officer or the project leaders Emily Edmonds or Jenni Johnson (for contact details see introduction slide)

The feedback register can be located on the ACI website

http://www.aci.health.nsw.gov.au/networks/pain-management/acute-pain-forms