



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

EPIDURAL ANALGESIA (ADULT)
(Not for use in labour)

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 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 Adverse Effects

- **Motor block or developing leg weakness, severe back pain or tenderness at epidural site could be signs of an epidural haematoma or epidural abscess:** Contact the Acute Pain Service or equivalent medical officer immediately. The presence of these observations must also be reported to a consultant anaesthetist.
- **Hypotension:** Refer to instructions below 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.
- Antihistamines for pruritus are generally ineffective and may contribute to sedation.
- **Urinary retention:** Contact the patient's surgical or medical team.

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 OR additional criteria* YOU **MUST** FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

***Additional YELLOW ZONE Criteria for Local Anaesthetic Toxicity**

- Numbness and tingling around the mouth and tongue
- Metallic taste, tinnitus and dizziness

RED ZONE RESPONSE

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

***Additional RED ZONE Criteria for Local Anaesthetic Toxicity**

- Muscular twitching
- Convulsion
- Cardiovascular collapse

ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

BUSINESS HOURS page/phone:

OUT OF HOURS page/phone:



SMR130022

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BINDING MARGIN - NO WRITING

NH700039_200421

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.....Print.....Date.....

FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. NOT A VALID
ADDRESS	PREScription UNLESS IDENTIFIERS PRESENT
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 (Adult)

Prescription is valid for a maximum of 4 days unless ceased earlier. Not for use in labour.

Refer to local hospital policy for standardised epidural drug solutions

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

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
FrommL per hour tomL 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
FrommL per hour tomL per hour					

PIEB (Programmed intermittent epidural bolus) OR

PIEB + PCEA (Programmed intermittent epidural bolus + Patient controlled epidural analgesia)

Date	Time	PIEB Dose (mL)	PIEB dose range (mL)	PIEB interval (hours or minutes)	PIEB interval range (hours or minutes)	PCEA dose (mL) (if applicable)	PCEA lockout (minutes) (if applicable)	Hourly limit (mL)	Delay time till first bolus (hours or minutes)
				Hours Minutes					Hours Minutes
Prescriber's signature					Print your name				
				Hours Minutes					Hours Minutes
Prescriber's signature					Print your name				

OXYGEN: O₂ flow rate: ____ L per minute via nasal prongs face mask

if needed to maintain SpO₂ range from ____ % to ____ %

Signature _____ Name _____

See medical record for clinical management of patients who have different oxygen requirements.

EPIDURAL to be ceased according to instructions in the medical record: Date:..... Time:.....

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Epidural Catheter Insertion Information

Date inserted:	Time inserted:	Level of insertion:	Depth to epidural space:	Final catheter mark at skin:	Tunnelled:
			cm	cm	No <input type="checkbox"/> Yes <input type="checkbox"/>cm

Insertion comments:

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

Record of epidural 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									
2									
3									
4									
5									
6									
7									
8									

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.

Removal of Epidural Catheter:

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

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EPIDURAL ANALGESIA (ADULT)

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ADDRESS

Altered Calling Criteria

LOCATION

ALL OBSERVATIONS MUST BE GRAPHED

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DATE																
TIME																
PAIN SCORE Assess pain both at rest and with relevant movement. Document "R" for rest and "M" for movement																
Severe pain	10													10		
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		4													4	
		3													3	
	Mild pain	2													2	
		1													1	
No pain	0													0		
SEDATION																
Difficult to rouse or unresponsive	3													3		
Constantly drowsy, unable to stay awake	2													2		
Easy to rouse	1													1		
Wide awake	0													0		
AIRWAY / BREATHING	Respiratory Rate	35												35		
		30												30		
		25													25	
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		15													15	
	Oxygen	O ₂ Lpm													O ₂ Lpm	
		Device / mode													Device / mode	
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TIME

EPIDURAL DELIVERY

Infusion rate (mL per hour) or PCEA dose (mL) or PIEB dose (mL)																						
PCEA (if applicable)	Attempts																					
	Successful																					
Rescue bolus dose administered (mL)																						
Two initials required for administration of rescue bolus dose OR Change of infusion rate																						
Infused total (mL) (Cumulative)																						
<input type="checkbox"/> OR <input type="checkbox"/>																						
Volume remaining (mL)																						

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

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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	Right	Upper to Lower									

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TIME

EPIDURAL DELIVERY

Infusion rate (mL per hour) or
PCEA dose (mL) or
PIEB dose (mL)

PCEA Attempts
(if applicable) Successful

Rescue bolus dose
administered (mL)

Two initials required for administration of
rescue bolus dose OR
Change of infusion rate

Infused total (mL)
(Cumulative)

OR

Volume remaining (mL)

MOTOR BLOCK ASSESSMENT (Every four hours and prior to mobilisation). Document "L" for left "R" for right

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DERMATOME LEVEL 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

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EPIDURAL DELIVERY

Infusion rate (mL per hour) or
PCEA dose (mL) or
PIEB dose (mL)

PCEA
(if applicable)

Attempts

Successful

Rescue bolus dose
administered (mL)

Two initials required for administration of
rescue bolus dose OR
Change of infusion rate

Infused total (mL)
(Cumulative)

OR

Volume remaining (mL)

MOTOR BLOCK ASSESSMENT

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

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See local policy
for guidelines

Left	Upper to Lower
	Right

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Infusion rate (mL per hour) or
PCEA dose (mL) or
PIEB dose (mL)

PCEA Attempts
(if applicable) Successful

Rescue bolus dose administered (mL)

Two initials required for administration of rescue bolus dose OR Change of infusion rate

Infused total (mL) (Cumulative)

OR

Volume remaining (mL)

MOTOR BLOCK ASSESSMENT (Every four hours and prior to mobilisation). Document "L" for left "R" for right

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DERMATOME LEVEL CHECK

See local policy for guidelines

Left Upper to Lower
Right Upper to Lower

Catheter site check (initial)
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Facility:

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

EPIDURAL ANALGESIA (ADULT)
(Not for use in labour)

ADDRESS

Altered Calling Criteria

LOCATION

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

DATE																
TIME																
PAIN SCORE Assess pain both at rest and with relevant movement. Document "R" for rest and "M" for movement																
Severe pain	10													10		
	9													9		
	8													8		
	7													7		
	6													6		
	Moderate pain	5													5	
		4													4	
		3													3	
	Mild pain	2													2	
		1													1	
No pain	0													0		
SEDATION																
Difficult to rouse or unresponsive	3													3		
Constantly drowsy, unable to stay awake	2													2		
Easy to rouse	1													1		
Wide awake	0													0		
AIRWAY / BREATHING	Respiratory Rate	35												35		
		30											30			
		25												25		
		20												20		
		15												15		
	Oxygen	O ₂ Lpm													O ₂ Lpm	
		Device / mode													Device / mode	
		Key: RA = Room air, NP = Nasal prongs, FM = Simple face mask, NRB = Non-rebreather, VM = Venturi mask														
		CIRCULATION	Blood Pressure (mmHg) SBP is trigger > <	230												230
				220												220
210															210	
200															200	
190															190	
180															180	
170															170	
160															160	
150															150	
140															140	
Heart Rate ●	160													160		
	150													150		
	140													140		
	130													130		
	120													120		
	110													110		
	100													100		
	90													90		
	80													80		
	70													70		
60													60			
50													50			
40													40			

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING





Health

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

EPIDURAL ANALGESIA (ADULT)
(Not for use in labour)



SMR130022

DATE
TIME

EPIDURAL DELIVERY												
Infusion rate (mL per hour) or PCEA dose (mL) or PIEB dose (mL)												
PCEA (if applicable)	Attempts											
	Successful											
Rescue bolus dose administered (mL)												
Two initials required for administration of rescue bolus dose OR Change of infusion rate												
Infused total (mL) (Cumulative)												
<input type="checkbox"/> OR <input type="checkbox"/>												
Volume remaining (mL)												

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										
	Right	Upper to										
		Lower										

Catheter site check (initial) 8 hourly for integrity of dressing												
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Epidural program checked (initial) Once per shift and on patient transfer												
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COMMENTS												
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INITIAL:												
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Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

MOTOR BLOCK ASSESSMENT



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



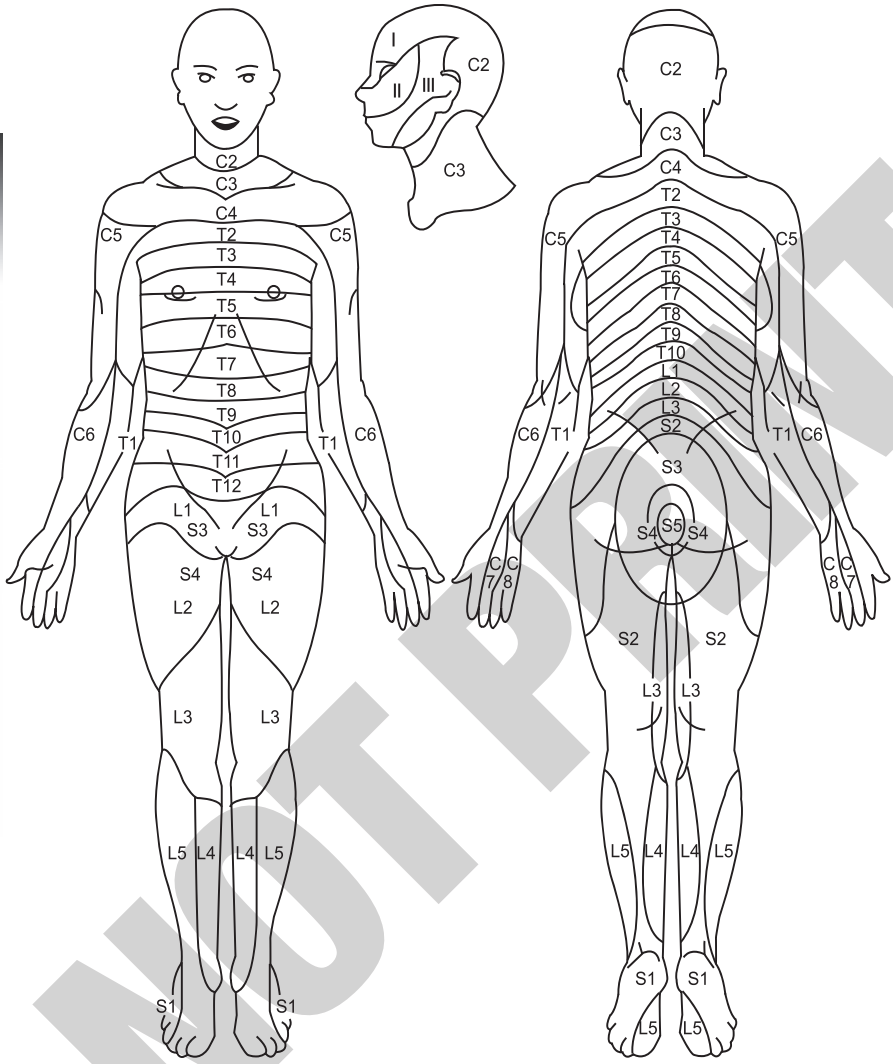
Bromage 2 (almost complete) - Able to move feet only



Bromage 1 (partial) - Just able to move knees



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



Holes Punched as per AS2828.1: 2019
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SMR130022