NSW GOVERNMENT 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)
(Not for use in labour)

SMR130022

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:**

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

NH700039 200421

SMR130.022

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	☐ 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 (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 % mg	Opioid	Amount microgram	Concentration microgram per mL	Total volume mL
	Additional drug	Amount	Concentration	

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
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) 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: O_2 flow rate: _____ L per minute via ☐ nasal prongs ☐ face mask

if needed to maintain SpO_2 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:……...

NSW GOVERNMENT Health

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Facility:

EPIDURAL ANALGESIA (ADULT)

(Not for use in labour)

SMR130022

Epidural Catheter Insertion Information

Date inserted:	Time inserted:	Level of insertion:	Depth to epidural space:	Final catheter mark at skin:	Tunnelled:
			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: …….....	

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:** _____

NSW GOVERNMENT Health

FAMILY NAME	MRN
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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, 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

AIRWAY / BREATHING

Respiratory Rate: 35, 30, 25, 20, 15, 10, 5

Oxygen: O_2Lpm / 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, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

Heart Rate ●: 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

NO WRITING

NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

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EPIDURAL ANALGESIA (ADULT)

(Not for use in labour)

SMR130022

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

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) OR **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:		

NSW GOVERNMENT Health

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
Facility:	D.O.B. _____ / _____ / _____ M.O.
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COMMENTS		
INITIAL:		

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