			FAMILY NAME							
	NSW Health	GIVEN NA	ME							
	Facility:		D.O.B/ M.O.							
-		ADDRESS								
	EPIDURAL ANALGESIA (ADULT)									
	(Not for use in labour)	LOCATION								
0022	Enidenal Analysis		IPLETE ALL DETAILS C			EL HERE				
022	Epidural Analgesia Management Guidelines									
8130	 (For detailed information regarding epidural prescribing and management refer to local hospital policy) Observations on this form to be recorded hourly Intravenous access to be maintained for duration 									
SMR130022	for 6 hours, then second hourly or more frequen patient's clinical condition warrants.		of epidural infusion of A dedicated giving	or PCEA.						
	Observations AFTER A RESCUE BOLUS (blood prossure and pulse) every 10 minutes for	r	and portless must b							
	(blood pressure and pulse) every 10 minutes for 30 minutes and then 1 hour post bolus (or more frequently if directed by an anaesthetist).					ite Pain				
	 Motor block assessment every four hours and prior to mobilisation. 				cussion wit	th the				
\bigcirc	Dermatome level check refer to local hospital per									
\bigcirc	 Catheter site check every 8 hours. The infusion pump settings to be checked at 1 	• the	ect							
019 NG	commencement of each shift, on patient transfe and when the syringe or bag is changed.									
.1: 2	Managing Adverse Effects									
hed as per AS2828.1: 2019 MARGIN - NO WRITING	 Motor block or developing leg weakness, severe back pain or tenderness at epidural site could be signs of an epidural haematom or epidural abscess: Contact the Acute Pain Service or equivalent medical officer immediatel 	ma patient's National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain tely. Service or equivalent medical officer.			ed on the Chart. If					
C) LC	The presence of these observations must also b reported to a consultant anaesthetist.		• Antihistamines for pruritus are generally ineffe and may contribute to sedation.			neffective				
Holes Pu BINDIN(Hypotension: Refer to instructions below for management guidelines.	•	Urinary retention: or medical team.	Contact th	ne patient's	s surgical				
_ L	REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT									
\bigcirc	APPROPRIATE CLINICAL CARE FOR PATIENT 1. ENSURE OXYGEN THERAPY IS IN PROGRESS 2. STOP EPIDURAL PUMP FOR ANY RED ZONE O 3. ENSURE THAT THE ACUTE PAIN SERVICE OR	DBSERVA	TIONS			VATIONS:				
	YELLOW ZONE RESPONSE									
	IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS OR additional criteria* YOU <u>MUST</u> 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 									
			SPONSE							
	IF YOUR PATIENT HAS ANY RED YOU <u>MUST</u> CALL FOR A RAPID RESPONSE (as per lo ON THE NSW STANDARD OBSERVATION CHARTS A	Cal CERS), FOLLOW THE RED Z TE APPROPRIATE CLI	ONE RESPO	ONSE INSTR	RUCTIONS ED ABOVE				
200421	*Additional RED ZONE Criteria for Local Anaesth • Muscular twitching • Convulsion • Cardiovascular collapse	etic Toxic	ity							
	ACUTE PAIN SERVICE or e	quivale	nt medical officer	CONTA	CT:					
000039	BUSINESS HOURS page/phone:	•	OUT OF HOURS page							

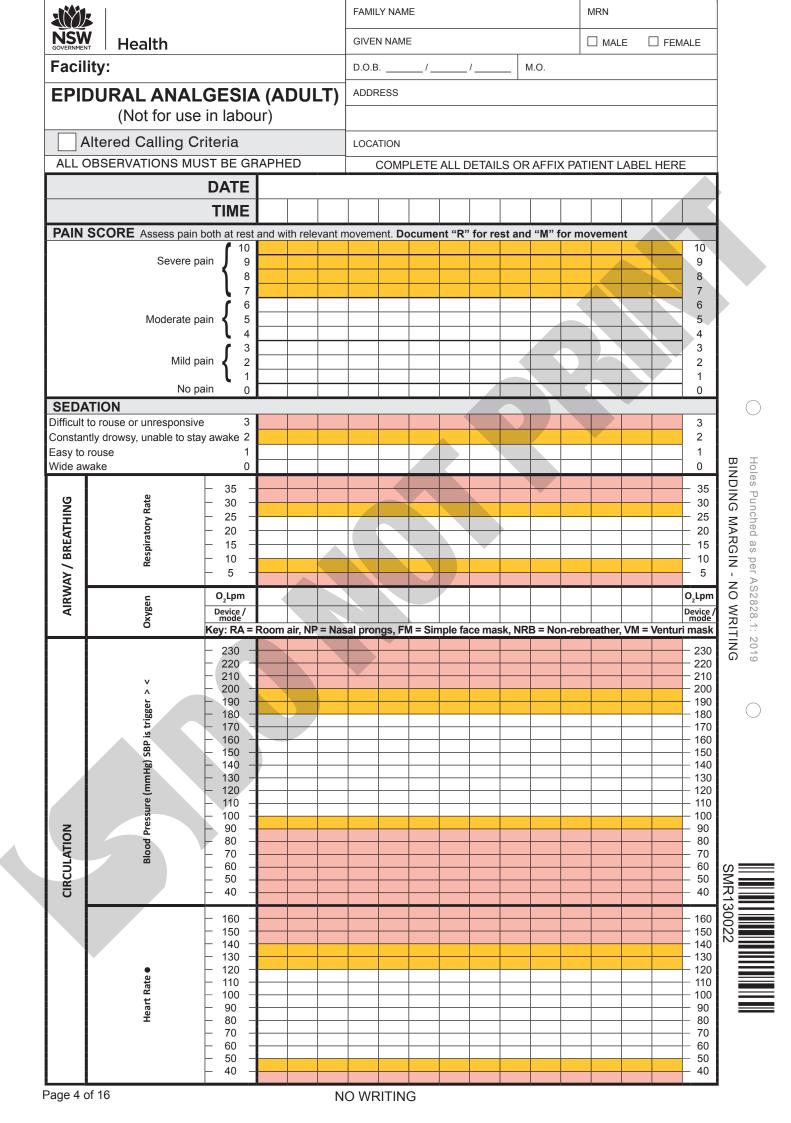
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(Not for use in labour)

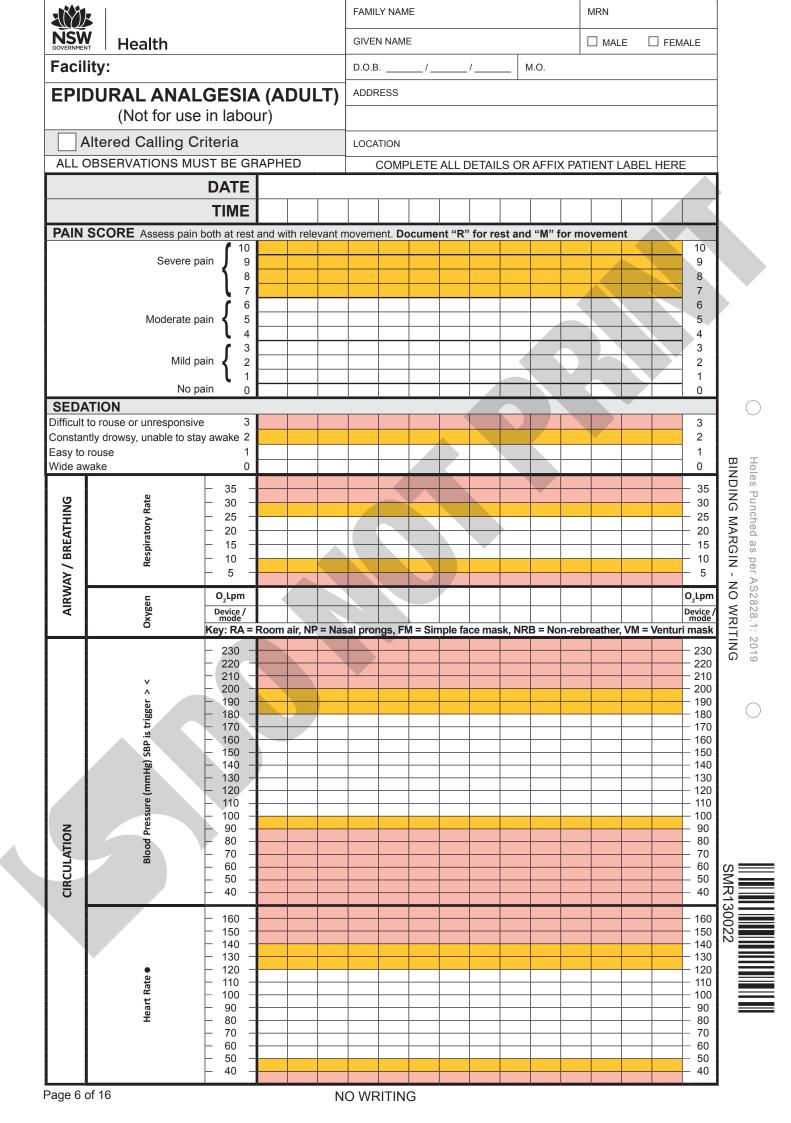
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ate	Prescriber's signature		Print your name		Contact		Pharmacy	
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		-	Boli	s Minimum in	terval between)		MAF
Rescue epidural b epidural pump rescribed above.	delivering the e	pidural solution	on as volum	ne rescue b	due doege F	Prescriber's signature	Print your name	RGIN
ssessed as compe	etent can deliver	a rescue epid	ural bolus.	Hours	minutes			- NO
PCEA (Pati	ent controlled	epidural ana	lgesia)					
Background infu	sion (mL per hour)	Start rate		PCEA Lockout			Dist) WRITING
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FrommL per hou	ur tomL per he	our						
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	EA (Program			bolus + Pati	ent controllec	l epidura	I analgesia)	
PI	EB PIEB dose	PIEB	PIEB interval range	PCEA	PCEA lockout	Hourly	Delay time till first	
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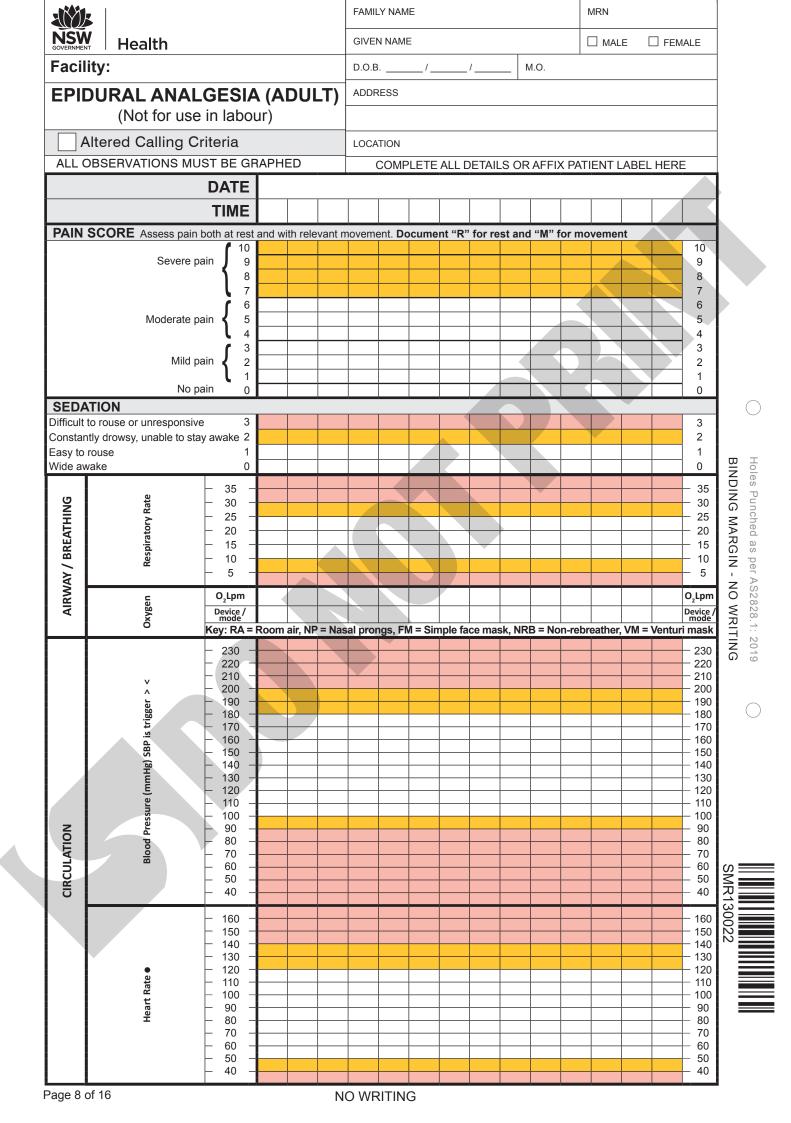
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	Contact					(Signature and print name)					
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- AS2828.1: 2019 - NO WRITING	Record of epidural administration			Record of epidural solution discarded							
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	EPIDURAL ANALGESIA (ADULT) (Not for use in labour)	LOCATION		
		COMPLETE ALL DETAILS OR AFFIX PA	ATIENT LABEL HERE	
	DATE			
002	TIME			
R13	EPIDURAL DELIVERY			
SM SM	EPIDURAL ANALGESIA (ADULT) (Not for use in labour) DATE Infusion rate (mL per hour) or PCEA dose (mL) or PIEB dose (mL)			
	PCEA Attempts			
	(if applicable) Successful			
	Rescue bolus dose			
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28.1: 2019 WRITING	OR			
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	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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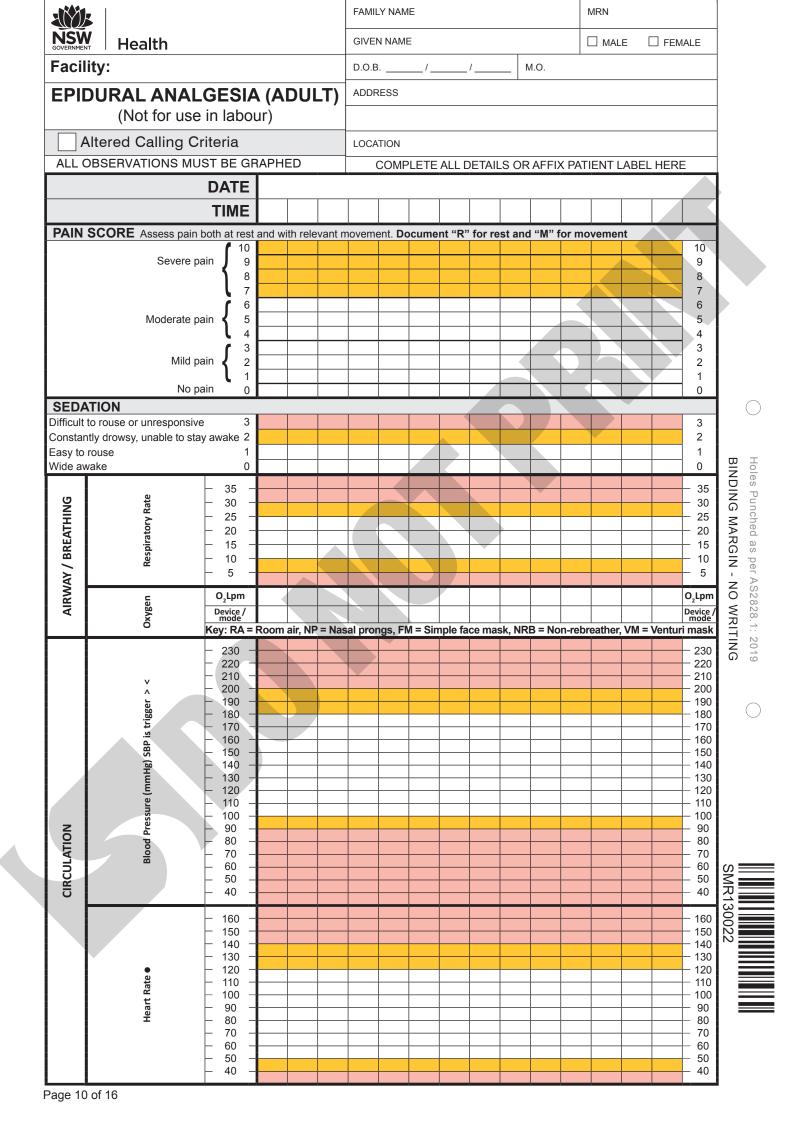
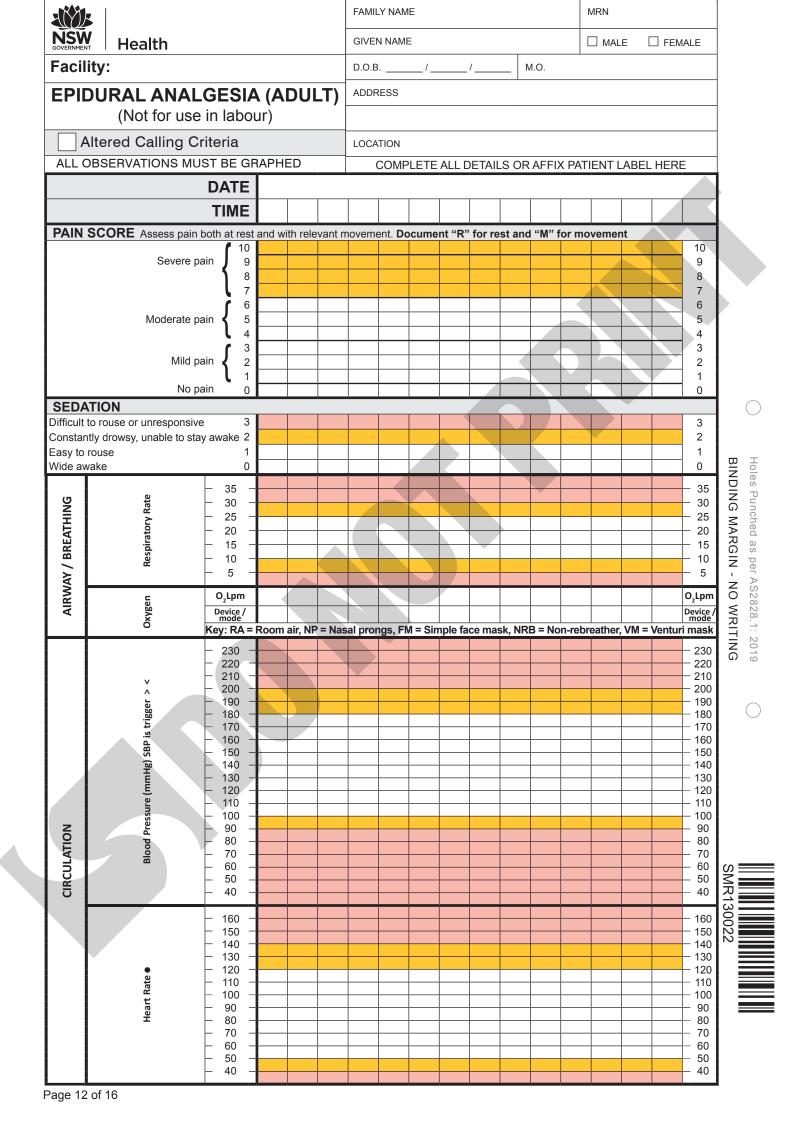
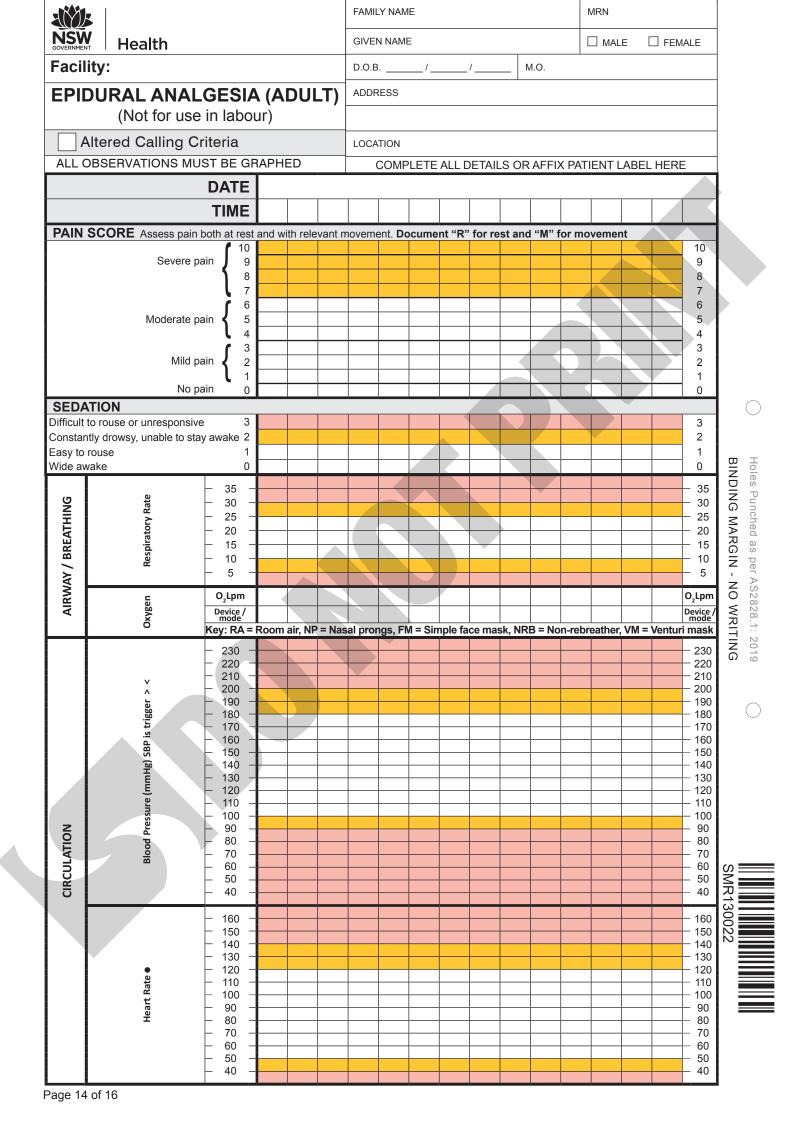


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		FAMILY NAME	MRN
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SMR130022	EPIDURAL ANALGESIA (ADULT) (Not for use in labour)	LOCATION	
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