


EPIDURAL ANALGESIA adult audit

Site:

Audit Date:

Mark "1" if item present/correct
Mark "na" if item not applicable or not used

 Shaded section may be not-applicable (na)

Totals

%

Total Epidural charts audited (Mark "1" for each chart audited)

1 1

20

1 EPIDURAL prescription, allergy/ADR

Patient identification present and correct

1 1 1 1 1 1 1 1 1 1 1 1 1 x 1 1 1 1 1 1 1 1

19

95%

Allergy ADR section completed in full

1 1 1 1 1 1 1 1 1 1 1 1 1 x 1 1 1 1 1 1 1 1

19

95%

Pain specialist referral (for private patients only)

na na na 1 1 1 na na na na na na na na na na na na na na na na

3

15%

Local anaesthetic

1 1

20

100%

Opioid

1 na 1 1 na 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

18

90%

Amount

1 na 1 1 na 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

18

90%

concentration

1 na 1 1 na 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

18

90%

Total volume

1 1

20

100%

Additional drug

na na 1 na na 1 na na na na na na na na na na na na na na na

2

10%

Total amount

na na 1 na na 1 na na na na na na na na na na na na na na na

2

10%

Concentration

na na 1 na na 1 na na na na na na na na na na na na na na na

2

10%

Date

1 1

20

100%

Prescriber's signature / printed name legible

1 1 1 1 1 1 1 1 1 1 1 1 1 x 1 1 1 1 1 1 1 1

19

95%

Total 6/6, 7/7, 9/9, 10/10, 12/12 or 13/13

9 6 12 10 7 13 9 9 9 9 9 9 9 6 9 9 9 9 9 9 9 9

Mark "1" if all relevant items are correct

1 1 1 1 1 1 1 1 1 1 1 1 1 x 1 1 1 1 1 1 1 1

19

95%

2 INFUSION ONLY PROGRAM																						
NA if NOT prescribed							na	na	na	na	na						na	na	na	na	na	0
Mark "1" if infusion program is prescribed	1	1	1	1	1							1	1	1	1	1						10
Infusion rate mL/hr (range from / to)	1	1	1	1	1							1	1	1	1	1						10
Start rate	1	1	1	1	1							1	1	1	1	1						10
Prescriber's signature / printed name legible	1	1	1	1	1							1	1	1	1	1						10
Total 3/3	3	3	3	3	3	0	0	0	0	0	0	3	3	3	3	3	0	0	0	0	0	
Mark "1" if all 3 items are correct	1	1	1	1	1							1	1	1	1	1						10
3 RESCUE BOLUS DOSE																						
Mark "1" if NOT prescribed							1	1	1	1	1							1	1	1	1	1
Mark "1" if a rescue bolus does WAS prescribed	1	1	1	1	1							1	1	1	1	1						10
Bolus volume	1	1	1	1	1							1	1	1	1	1						10
Minimum interval completed	1	1	1	1	1							1	1	1	1	1						10
Prescriber's signature / printed name legible	1	1	1	1	1							1	1	1	1	1						10
Total 3/3	3	3	3	3	3	0	0	0	0	0	0	3	3	3	3	3	0	0	0	0	0	
TOTAL CORRECT: Mark "1" if all 3 items are correct	1	1	1	1	1							1	1	1	1	1						10
4 PCEA prescription																						
Mark "1" if NOT prescribed	1	1	1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	17
Mark "1" if PCEA WAS prescribed							1	1	1													3
Background infusion rate range							1	1	1													3
Start rate							1	1	1													3
PCEA bolus dose							1	1	1													3
PCEA lockout interval							1	1	1													3
Prescriber's signature / printed name legible							1	1	x													2
Total 5/5	0	0	0	0	0	5	5	4	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL CORRECT: Mark "1" if all 5 items are correct						1	1	x														2
5 PIEB or PIEB+PCEA prescription																						
Mark "1" if NOT prescribed	1	1	1	1	1	1	1	1				1	1	1	1	1	1	1			1	16
Mark "1" if PIEB or PIEB+PCEA WAS prescribed											1	1							1	1		4
Date											1	1							1	1		4
Time											1	1							1	1		4
PIEB dose											1	1							1	1		4
PIEB dose range											1	1							1	1		4
PIEB interval											1	1							1	1		4
PIEB interval range											1	1							1	1		4
PCEA dose (na if not prescribed)											na	na							1	1		2
PCEA lockout (na if not prescribed)											na	na							1	1		2
Hourly limit											1	1							1	1		4
Delay time till first bolus (na if not prescribed)											1	1							1	1		4

	Prescriber's signature / printed name legible										1	1								1	1		4	100%
	Total 4/4 or 5/5	0	0	0	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	9	9	0		
	TOTAL CORRECT: Mark "1" if all 7/7 or 9/9 items are correct										1	1								1	1		4	100%
6	OXYGEN THERAPY INSTRUCTION																							
	Oxygen therapy as per default instruction	1	1	1	1	1	1																6	
	Individual oxygen therapy instructions written							1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
7	Epidural CEASED instruction																							
	Mark "1" if section NOT used at hospital																						0	
	Mark "1" if section IS used at hospital	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	
	Epidural to be ceased section completed	1	1	1	1	1	1	1	x	x	1	x	x	1	1	1	1	1	1	1	1	1	16	80%
8	EPIDURAL INSERTION DETAILS																							
	Date inserted	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	19	95%
	Time inserted	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	x	x	18	90%
	Level of insertion	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	x	18	90%
	Depth to epidural space	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	x	19	95%
	Final catheter mark at skin	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
	Tunnelled (yes or no box ticked)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
	Insertion comments section utilised	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
	Sensory block level (NA if section not used)	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	0	0%
	Signature and name of anaesthetist inserting	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
	Total 6/6 or 7/7	6	6	6	6	6	6	6	6	6	6	5	6	6	6	6	6	6	6	6	6	4		
	TOTAL CORRECT: Mark "1" if all relevant items are correct	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	x	x	17	85%

9 EPIDURAL ADMINISTRATION AND DISCARD																						
Mark "1" if administration/discard done electronically																					0	
Mark "1" if admin /discard is done on epidural chart	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	
Patient identification present and correct	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	19	95%
Administration: Date	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Time	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Signatures x 2	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	19	95%
Discard: Date	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Time	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Volume discarded	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Signatures x 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Total 8/8	8	8	8	8	8	8	8	8	8	6	8	8	8	8	8	8	8	8	8	8		
TOTAL CORRECT: Mark "1" if all items are correct	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	19	95%
10 EPIDURAL OBSERVATIONS																						
Patient identification on ALL completed pages	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Pain scores "R" rest and "M" movement used	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	x	1	19	95%
Sedation scores recorded	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Respiratory rate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Oxygen therapy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Oxygen device mode	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Blood pressure	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Heart rate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Total 8/8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	7	8		
TOTAL CORRECT: Mark "1" if all items are correct	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	x	1	19	95%
11 EPIDURAL OBSERVATIONS: EPIDURAL DELIVERY																						
Mark "1" IF a rescue bolus dose WAS administered		1	1	1								1	1	1							6	
Infusion rate, PCEA dose or PIEB dose	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
PCEA total demands/attempts (if applicable)	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	1	1	1	1	1	5	
Rescue BOLUS DOSE documented (if applicable)		1	1	1								1	1	1							6	100%
Two initials IF rescue bolus dose was administered	na	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19	95%
Infused total <u>or</u> Volume remaining		1	1	1								1	1	1							6	100%
Total 5/5 or 4/4, 3/3, 2/2 or 1/1	1	4	4	4	2	2	2	2	2	2	2	4	4	4	2	3	3	3	3	3		
TOTAL CORRECT: Mark "1" if all relevant items are correct	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%

12	EPIDURAL OBSERVATIONS: Motor block, dermatome, catheter site, program check																						
	Motor block assessment	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
	Dermatome level check (if applicable)	na	1	1	1	na	na	na	na	na	na	na	1	1	1	na	na	na	na	na	na	6	100%
	Catheter site check	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	19	95%
	Epidural program checked	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19	95%
	Initial	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	x	18	90%
	Frequency of observations as per policy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
	Total 6/6 or 5/5	5	6	6	5	5	4	3	5	5	5	5	6	6	6	5	5	5	5	5	4		
	TOTAL CORRECT: Mark "1" if all relevant items are correct	1	1	1	x	1	x	x	1	1	1	1	1	1	1	1	1	1	1	1	x	16	160%
14	YELLOW AND RED ZONE OBSERVATIONS																						
	Mark "1" if NO observation(s) in Yellow or Red Zone	1		1		1	1		1		1		1	1			1	1	1	1	1	13	
	Mark "1" if PAIN Score in Yellow Zone		1																			1	
	Mark "1" if SEDATION Score in Yellow or Red Zone				1																	1	
	Mark "1" if RESPIRATORY RATE in Yellow or Red Zone							1														1	
	Mark "1" if BLOOD PRESSURE in Yellow or Red Zone									1												1	
	Mark "1" if HEART RATE in Yellow or Red Zone												1									1	
	Mark "1" if MOTOR BLOCK in Yellow Zone															1	1					2	
	ACTION IS TAKEN for PAIN SCORE Yellow zone		1																			1	100%
	ACTION IS TAKEN for SEDATION SCORE Yellow or Red zone				1																	1	100%
	ACTION IS TAKEN for RESPIRATORY RATE Yellow or Red Zone							1														1	100%
	ACTION IS TAKEN for BLOOD PRESSURE Yellow or Red zone									1												1	100%
	ACTION IS TAKEN for HEART RATE Yellow or Red Zone												1									1	100%
	ACTION IS TAKEN for MOTOR BLOCK Yellow Zone														1	1						2	100%