

WSHT Labour PCEA Epidural Chart

Patient Label	Date: Time Requested: Time Sited: Anaesthetist(s): Grade: 1st 2nd
Mother: Parity: Cx Dilation: BMI: Any Obstetric Problems: Any Relevant PMHx: Indication for Epidural: Labour Analgesia / PET / Other Analgesia Before Epidural: Entonox / Parenteral Opioid / TENS / None	

Midwife: Mother read Information sheet: Y / N IV Cannula in situ: Y / N Antacid Given: Y / N Baseline NIBP: Baseline CTG:

Consent: Anaesthetist Discussed with Mother Hypotension / Headache / Multiple Attempts / Failure / Patchy Block / Effect on Labour / Mobility / Urinary Catheter Neurological damage (<i>temp 1 in 1000, perm 1 in 13,000</i>) / other (Signed):
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Insertion:		
Hat..... <input type="checkbox"/> Position: L / R lateral / sitting Gloves..... <input type="checkbox"/> 1% lido. To skin: Y / N Mask..... <input type="checkbox"/> Paraesthesia: Y / N Gown..... <input type="checkbox"/> Space at:cm Chl.hex + airdry..... <input type="checkbox"/> Aspiration: Blood / clear fluid / negative	Interspace: Tuohy: 18g / 16g / Other LOR: Saline / air Cath. Left incm Difficulty: None / details	

Prescription:	
Local anaesthetic: ... <i>Levobupivacaine 0.1%</i> ... Additives: ... <i>Fentanyl 2 µg/mL</i> ... PCEA settings: Bolus: ...8...mL Lockout: ...15...min Background: ...0-2...mL/h IV infusion 1000ml Hartmann's started: Y / N Other instructions: Cassette & connection check (Anaes signature): (ODP / MW initials): Yellow epidural sticker on epidural catheter and epidural infusion line: Y / N <p style="text-align: center;"><i>NB: Do not leave epidural cassette unattended before connection</i></p>	

Initial Dose:	
15 mLs 0.1% Levobupivacaine / Fentanyl 2mcg/mL Level of block to after 20 min Right: Left: Motor Block:	

Initial setup or extra bolus*					BP (every 5 min for 20 min)					Comments incl. Assessment of block/pain relief
Date	Time	Solution	mL	Given by	0	5 min	10 min	15 min	20 min	

*Extra Bolus: > 10mls 0.1% levobupivacaine or 5mls of 0.25% levobupivacaine.

PCEA Observation Chart

Observations & recordings should ideally be made every 30 min but every 5 min for 15 min after each midwifery / anaesthetic top-up > 10mLs or bolus of 0.25% levobupivacaine. Extra recordings are NOT required after a patient delivered bolus of 8mLs.

Duration of PCEA	Time	Pain relief (Good, Mod, Poor)	Can feel cold on Xiphisternum (Y/N)	Can straight-leg raise (Y/N)	NIBP	PCEA		Total volume infused (mL)	Comments (eg extra top-ups, extra BP recordings etc.)	Sign
						Boluses delivered	Boluses demanded			
30min										
1h										
1h 30min										
2h										
Complete pressure area assessment tool for maternity. Encourage change of position, mobilisation and hydration.						Pressure Area Colour Score:		<div>amber</div> <div>red</div>		
2h 30min										
3h										
3h 30min										
4h										
Complete pressure area assessment tool for maternity. Encourage change of position, mobilisation and hydration.						Pressure Area Colour Score:		<div>amber</div> <div>red</div>		
4h 30min										
5h										
5h 30min										
6h										
Complete pressure area assessment tool for maternity. Encourage change of position, mobilisation and hydration.						Pressure Area Colour Score:		<div>amber</div> <div>red</div>		
6h 30min										
7h										
7h 30min										
8h										
Complete pressure area assessment tool for maternity. Encourage change of position, mobilisation and hydration.						Pressure Area Colour Score:		<div>amber</div> <div>red</div>		
8h 30min										
9h										
9h 30min										
10h										
Complete pressure area assessment tool for maternity. Encourage change of position, mobilisation and hydration.						Pressure Area Colour Score:		<div>amber</div> <div>red</div>		
10h 30min										
11h										
11h 30min										

Epidural catheter: Removed and tip seen? Y / N
Date and time removed:

Call Anaesthetist if:

1. NIBP < 100mmHg or 80% of baseline
2. Unable to feel cold at Xiphisternum (upper abdomen / lower chest)
3. Unable to straight leg raise
4. Pain mod/poor 20min after extra top-up

Tips:

If the epidural is working less well on one side, position the mother on that side for a PCEA top-up & for 20min post top-up.

One 8mL top-up may be delivered manually using the PCEA by the midwife before calling the anaesthetist.

Ideally, each woman should use the PCEA to deliver an 8mL bolus at least once an hour.