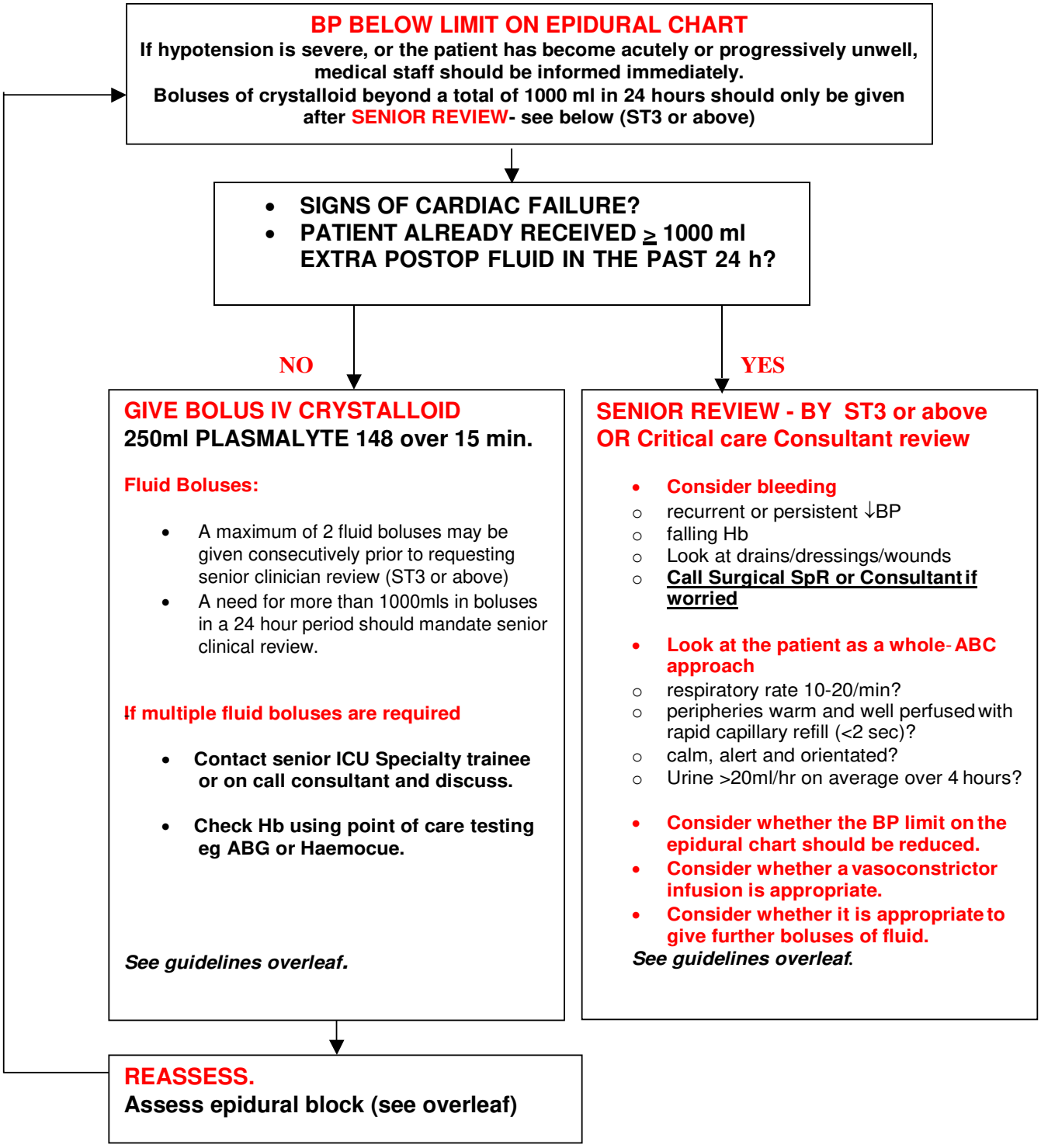
Hypotension Associated With Epidural Infusions.



If you are worried that this patient will be harmed by further fluid or requires vasopressor medications ask someone senior to see them

- ICU senior trainee on call page 2306 or ICU consultant on call via switchboard

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Next Review by Jun 22

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General principles:

Hypotension is not easy to define and must be taken in the context of the patient's normal BP, age and other medical conditions. Refer to admission and anaesthetic documents for baseline and as a guide to acceptable minimum.
Oliguria is defined as <0.5ml/kg/hour. Remember this may be averaged over a number of hours.

Blood pressure on its own is a poor measure of organ perfusion- look at the WHOLE patient- ABC's.

- respiratory rate 10-20/min?
- peripheries warm and well perfused with rapid capillary refill (<2 sec)?
- calm, alert and orientated?
- Urine >20ml/hr on average over 4 hours?

If all YES- does anything need to be done?

1. Minimum recommended postoperative BP

The anaesthetist responsible for the patient's care in theatre (consultant or ST) will decide on and enter this on the epidural chart. In the light of the patients progress postoperatively, it may be appropriate to change the minimum recommended BP. A decision to make this change should be made by the anaesthetic or ICM Senior trainee or consultant and the new figure should be entered on the epidural chart and signed.

2. Types of Fluid

"Maintenance fluids" should be given as an IV crystalloid infusion and/or oral or nasogastric fluids. It is NOT acceptable to speed this up as a "treatment" of hypotension
Extra IV fluids to correct hypotension should be given as extra bolus of IV corystalloid in addition to the maintenance fluids. If the HB is low, a blood transfusion may be required instead of or as well as crystalloid bolus.

3. Excessive Sensory Block

If the epidural infusion (not a top-up dose) is achieving a more extensive sensory block than is required, then the epidural infusion rate should be reduced.

4. Vasoconstrictor Infusions –ONLY after senior advice from the Anaesthetic or ICM Senior trainee or consultant.

Sometimes a low-dose infusion of a vasoconstrictor drug such as phenylephrine **(SEE PHENYLEPHRINE FOR EPIDURAL HYPOTENSION GUIDELINE)** or noradrenaline is used to counteract the vasodilation and hypotension produced by an epidural local anaesthetic block. A maximum infusion rate should be specified. If BP remains low at this rate call for SENIOR review.

Nursing Staff- If worried call Doctor

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