EPIDURAL ANALGESIA/ANAESTHESIA: GENERAL CONSIDERATIONS, PATIENT EDUCATION

Refer also to related standards:

- Epidural Analgesia/Anaesthesia: Catheter Removal
- Epidural Analgesia: Intermittent and/or Continuous
- Epidural Infusions of Analgesics Combined with Local Anaesthetics

1.0 STANDARD

1.1 All patients who have received spinal analgesia and/or anaesthesia and have or are receiving epidural analgesia or anaesthesia must be cared for in the following areas:

- Operating Room (OR)
- Intensive Care Unit (ICU)
- Step Down Unit (SDU)
- Perianaesthesia Care Unit (PACU)
- Labour and Delivery Room (LDR)
- Post Partum Unit (3M)
- Surgical Units (4N/6N)

Exception: Epidural anaesthesia will not be administered on the surgical units (4N/6N).

1.2 Discharge from any of the above units will not take place sooner than 24 hours post administration of epidural or spinal Morphine or in less than 2 hours after receiving Naloxone (Narcan).

Exception: Patients may be discharged from the PACU to the ICU, the Surgical Units or 3M when the discharge criteria have been met as per PACU discharge standards. Patients may be discharged from the PACU to the 3M recovery room at night.

1.3 The care of a patient with epidural analgesia/anaesthesia is a specialized nursing skill.

1.4 Patients receiving spinal or epidural analgesia and/or anaesthesia will be cared for by a Registered Nurse (RN) who has demonstrated the appropriate knowledge and skill.

1.5 The RN will monitor the patient's condition and the level of analgesia/anaesthesia and keep the Anaesthetist advised according to the standard and protocol.

Exception: On the surgical units (4N/6N), Licensed Practical Nurses (LPN) may monitor the patient's pulse, blood pressure, and temperature starting 2 hours after each intermittent bolus dose of analgesia and/or 2 hours after the beginning of a continuous epidural analgesia infusion.

1.6 Administration of any drugs via the epidural catheter must be performed by the Anaesthetist, who will provide ongoing medical management related to the epidural analgesia/anaesthesia.

Exception: RN's may attach premixed infusion bags of narcotics to an established continuous epidural line.

1.7 RN's may alter the flow rate of an established continuous epidural infusion as directed by the Anaesthetist's orders.

1.8 When changing the rate of the continuous epidural infusion, a second RN will witness the change in the pump setting.

1.9 When hanging a new infusion bag, a second RN will witness the hanging of the bag and the resetting of the volume on the pump.

1.10 Any infusions required for the provision of epidural analgesia/anaesthesia must be prepared by the Hospital Pharmacist or Anaesthetist.

1.11 Premixed infusion bags are stored in the refrigerator.

1.12 Single infusion pumps are used to administer continuous epidural infusions. The pump is not to be used for hanging peripheral intravenous bags.

1.13 Infusion pumps used for continuous epidural infusions will remain locked throughout the infusion and after rate changes.

1.14 Patent intravenous (IV) access must be maintained for 24 hours after the last dose of epidural and/or spinal Morphine and 8 hours after the last dose of epidural Fentanyl.

Exception: Patients who have vaginal births, as they may be discharged prior to these time frames.

1.15 Alcohol is never to be used to cleanse the injection port.

1.16 The patient receiving epidural analgesia/anaesthesia will *not* receive any other analgesia or sedation unless specifically ordered by the Anaesthetist.

Exception: Women in labour using nitrous oxide/oxygen.

1.17 The Anaesthetist's orders for analgesia and sedation will remain in effect for 24 hours after the last bolus dose or the termination of the continuous infusion, when Morphine is used. When Fentanyl is used, this period is 8 hours.

Exception: Women who have vaginal births.

1.18 Patients are to receive oxygen via nasal prongs at 4 litres/minute for 24 hours post-operative and prn.

Exception: Patients in Labour and Delivery (LDR) and Post Partum (3M).

1.19 Naloxone (Narcan) and 1 or 3 mL syringes will be readily available and accessible on all medication carts in the designated area.

1.20 Assessment of the patient's pain level will be accomplished using a 0 to 10 pain rating scale. The patient rates his/her pain with 0 representing no pain and 10 representing the worst pain.

1.21 Patient education for epidural analgesia/anaesthesia is a joint responsibility of the Anaesthetists and RN's caring for the patient.

1.22 Patient education pamphlets called "About Epidurals after Surgery" and "About Epidurals During Labour" will be provided to the patient by the Anaesthetist, Pre-Admission Nurse, and/or nurses in the designated areas.

1.23 RN's will teach patients how to rate their pain using the 0 to 10 pain rating scale.

1.24 RN's will teach patients about possible side effects of epidural analgesia/ anaesthesia.

2.0 PROTOCOL

2.1 Assess the patient's knowledge about epidural analgesia/anaesthesia based on the Anaesthetist's explanations and/or the information pamphlets provided prior to admission.

2.2 Provide relevant pamphlet for patients who have not already received one.

2.3 Describe the expected course of pain (resolution).

2.4 Reinforce the fact that the pain may not disappear altogether.

2.5 Describe the pain rating scale of 0 to 10.

2.6 Ask the patient where he/she would like to be on the pain rating scale of 0 to 10.

2.7 Explain possible side effects of epidural analgesia: sedation, nausea, itchiness,

and urinary retention.

2.8 Tell the patient to report any side effects to the nurse.

2.9 Explain to the patient about the need for and use of oxygen.

2.10 Explain that regular, frequent monitoring of vital signs is an integral part of caring for a patient with epidural analgesia/anaesthesia.

2.11 Document patient teaching and responses to teaching in the patient teaching section of the Medical/Surgical Flowsheet and/or the Nurses' Notes.

3.0 REFERENCES

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4.0 APPROVALS

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