Epidural Cheat Sheet

(March, 2014)

What is an epidural?

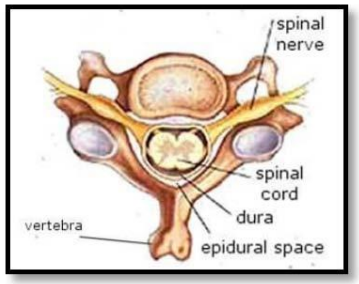
- Epidurals are catheters that are placed in the epidural space of the spine.
- The epidural space is an area outside the spinal cord, but inside the vertebral canal of the spinal column.

What does it do?

- Epidurals are a form of regional anesthesia.
- They are used in conjunction with general anesthesia intra-operatively.
- As well as post-operative analgesia, in a hope to reduce the use of narcotics during recovery.

How does it work?

- An anesthesiologist places an epidural catheter to administer local anesthetic to the epidural space.
- *This causes decreased sensation and motor to the areas below the level of the catheters placement.*
- The catheter may then be hooked up to a continuous infusion, which infuses into the epidural space to maintain the level of anesthesia and analgesia.
- The Anesthesiologist/ Acute Pain Service gives an order of a slow infusion rate at which the diluted local anesthetic is to infuse via the catheter.



What do I need to know?

- Some medications are contraindicated with an epidural running:
- **No ORAL, IM or IV narcotics** or **CNS depressants** may be ordered or given unless written for by APS. *Page the physician writing the order to verify that they are APS*.

What if my patient is on anticoagulants?

- If the patient is on Heparin, and the epidural is to be pulled out, be sure you have an order to hold the Heparin until it is pulled by APS.
  - Continue to hold dose for 2-3 hours after its removal.
- If the patient is on enoxaparin and the epidural is to be pulled out,
  a dose must be held for 12- 24 hours prior to removal.
  - Therapy may be resumed for at least a 2 hour minimum after removal.

Documentation:

Make sure all documentation is in the" Pain Management" band in IView, under the "Epidural Intrathecal" section:

- After initiation - every hour x 4 hours, then every 4 hours including the cumulative dose
- Every time the bag is changed, including the controlled substance number
- Anytime there is a waste on the green Controlled Substance Record per policy with a 2nd RN witness
- Anytime there are new and updated physician orders
- At change of shift

Please review Patient Care Policy #317 when caring for a patient with an epidural infusion. This can be found on the Intranet page under Acute Pain Service.

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What do I need to do?

- Regularly **assess** the patients pain score, VS (watch for hypotension), itching, sensory and motor deficits, sedation level and epidural catheter site.
- Lock and Unlock the pump keypad:
- Select "Options" → Select "Keypad Lock" → Select "Full lock" → Enter "Lock Code" → Enter the code.

How to Change the Bag:

- The pump should give a "Low Volume" warning when there is about 10mL left in the bag.
- To change the bag:
  - Select "Stop" →Select "Options" → Select "Keypad Lock" → Select "Full lock" → Enter "Lock Code" → Enter code and the keypad will unlock.
  - Select "Change"→ Select "New Container"→ Hang the new bag (the volume should now be "0")→ Press the "Start" button→ pump should relock on its own, if not follow lock process (same as above).
- Document bag change in IView in the "Pain Management" band under the "Epidural/ Intrathecal" section.

Troubleshooting:

- **Battery Low warning:**
  - The pumps require 2 AA batteries which are stored in the compartment with a gray screw cap on the bottom of the pump.
  - After replacing the batteries, turn the pump back on and select "Resume Program" → Press the "Start" button.

- **Distal Occlusion:**
  - Select "Silence" →Select "Stop"→Check sources distal to pump, including kinked tubing, clamped catheter, clogged filter, if persists call APS.

- **Proximal Occlusion:**
  - Select "Silence"→ Select "Stop" → Check sources proximal to pump, kinked tubing from bag to cassette, blockage in bag or not spiked enough, bag empty, if persists, call APS.

- **Check Cassette - "**X" tells you where to look for cause:
  - A= air sensor; D= distal; P= proximal.
  - Silence and stop infusion while troubleshooting the cassette.

When to call APMS (RF 6097) IMMEDIATELY!!

- Inadequate pain relief with epidural and prescribed PRN pain medication.
- Respiratory rate <10.
- Temp >39C x 24 hrs.
- Itching unrelieved by antihistamine.
- Drainage or puffiness at catheter site.
- Disconnected tubing/ catheter.
- Catheter comes out.
- Excessive sedation or MS changes.
- Urinary retention.
- Motor weakness.
- Numbness or loss of sensation.

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