

EPIDURAL / SPINAL ANALGESIA CHART

Med Rec. No:
 Surname:
 Forename:
 D.O.B.

ANAESTHETIST: _____ Date: ____ / ____ / ____ Time of insertion: _____ Weight: _____ kg	DRUG ALERT LABEL	ALLERGIES _____ _____ _____
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EPIDURAL HISTORY: Previous epidural Y / N Spinal haematoma risk Y / N	Verbal consent obtained Y / N	SPINAL NEEDLE DETAILS: Sprotte 24G / Whitacre 25G / Whitacre 27G / Other
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EPIDURAL/SPINAL DETAILS: Patient position: Sitting / Lying Skin to space: _____ cm Length of catheter in space: _____ cm	INSERTION LEVEL Epidural: _____ Spinal: _____	Loss of resistance to: Air / Saline Technically difficult: Y / N Tunnelled: Y / N
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COMMENTS/COMPLICATIONS: _____

INITIAL THERAPY (Anaesthetist Only)					
Date	Time	Fluid	ADDITIVE	Volume	Dr Sign

BAG/SYRINGE 1 / ORDER #	BAG/SYRINGE 2 / ORDER #	BAG/SYRINGE 3 / ORDER #	BAG/SYRINGE 4 / ORDER #
Date: Time:	Date: Time:	Date: Time:	Date: Time:
Sign (1):	Sign (1):	Sign (1):	Sign (1):
Sign (2):	Sign (2):	Sign (2):	Sign (2):

Choose appropriate stamp below for further pain relief (Bolus, Infusion, PCEA)

ORDER #1 Date: ____ / ____ / ____ Time: _____ SIGN: _____ ORDER #3 Date: ____ / ____ / ____ Time: _____ SIGN: _____	ORDER #2 Date: ____ / ____ / ____ Time: _____ SIGN: _____ ORDER #4 Date: ____ / ____ / ____ Time: _____ SIGN: _____
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MR280 EPIDURAL / SPINAL ANALGESIA CHART

