

<p>CALHN</p> <p>RAH <input type="checkbox"/> TQEH <input type="checkbox"/></p> <p>ACUTE PAIN SERVICE</p> <p>EPIDURAL/INTRATHECAL ANALGESIA</p>	<p>PATIENT LABEL</p> <p>Unit Record No.: _____</p> <p>Surname: _____</p> <p>Given Names: _____</p> <p>Date of Birth: _____ Sex: _____</p>
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EPIDURAL ORDERS:
(sign and date any changes)

1. **DRUG:**

Place appropriate drug label here

2. **CONCENTRATION:**

3. **BOLUS DOSE:**
..... to mL 1 hourly PRN

4. **INFUSION RATE:**
** = sign and date any changes
..... to mL/hr
..... to mL/hr**

The patient's regular long-acting opioids should be continued: YES NO

Signature Date

GENERAL ORDERS:

1. Oxygen at 2 to 4 L/min via nasal specs or 6 L/min via mask while orders are in effect.
2. No systemic opioids or sedatives (including antihistamines) to be given except as ordered or approved by the APS.
3. No anticoagulant or antiplatelet medications, including NSAIDS, to be given (other than heparin for the prevention of DVTs or low-dose aspirin) before consulting with the APS.
4. Naloxone to be immediately available.
5. A yellow minimum volume extension set with an anti-syphon valve must be in-line between patient and any epidural syringe or infusion bag at all times.
6. Maintain IV access while orders are in effect.
7. *Monitoring requirements:* see overleaf.
8. For inadequate analgesia or other problems related to the analgesia, contact the APS. The APS should be notified if the patient has two consecutive pain scores >7 at rest and/or FAS = C, or if temperature > 38.5°C, or if unexpected or new back pain during or after epidural analgesia.
9. Mobilise patients (if leg strength normal) according to parent clinic instructions but accompanied by 2 staff members initially in case of postural hypotension or problems with gait and/or balance.

YES NO Signature

10. If respiratory rate is 8-10/min, no action is required as long as sedation score is < 2. If respiratory rate is ≤ 7/min and sedation score is < 2, notify the APS. If sedation score is 2 or 3, follow instructions below.

INTRATHECAL MORPHINE DETAILS (as needed)

Dose microgram

Time given

TREATMENT OF SIDE EFFECTS:

RESPIRATORY DEPRESSION (EXCESSIVE SEDATION):

1. If sedation score = 2, reduce rate of infusion by one quarter to one third. Notify the APS. Revert to hourly sedation scores until sedation score < 2 for at least 2 hours.
2. If sedation score = 3 (irrespective of respiratory rate) OR sedation score = 2 and respiratory rate ≤ 7/min, initiate a MER call, and give 100 microgram NALOXONE IV stat. Repeat 2 minutely PRN up to a total of 400 microgram. Cease infusion and call the APS anaesthetist. Revert to hourly sedation scores until sedation score < 2 for at least 2 hours.

NAUSEA AND VOMITING: (Note: check for duplicate antiemetic orders on the NIMC)

1. Give a 5-HT3 antagonist antiemetic: Drug:
Dose: Route: IV Frequency: PRN
2. If ineffective after 15 minutes, add DROPERIDOL 500 microgram IV 4 hourly PRN (250 microgram if > 70 years).
3. If patient not responding to antiemetics contact the APS.

SEVERE ITCHING:
Give 40 microgram NALOXONE IV stat. Repeat 10 minutely PRN up to a total of 120 microgram. If patient not responding to treatment contact the APS.

HYPOTENSION:
The most likely cause of hypotension is hypovolaemia so do not cease or reduce the rate of the epidural infusion without discussing with the APS. Lie patient on flat bed (not head down) and elevate legs if possible. Call the medical officer responsible for the patient. If the patient meets the criteria, initiate a MER call. Do not give any epidural bolus doses.

SIGNATURE OF ANAESTHETIST: Date:

(Print name

Cease infusion: Date: Time: **Remove analgesia catheter:** Date: Time:

Give next dose of heparin at: Date: Time:

Signature of Anaesthetist:

Catheter removed and complete: Signature of RN: Date: Time:

APS-EPIDURAL/INTRATHECAL ANALGESIA

MR 98.0

