Epidural (with/without Patient Controlled Epidural Analgesia) **Policy Update 11/16**

WHAT'S DIFFERENT?

Continuous moderate-risk physiological (in addition to clinical & system) monitoring is required.

***PATIENT TEACHING*:**

Teach patients about route-specific benefits and risks of epidural analgesia. Tell patients about drug and route-specific side effects to report and reason frequent monitoring is needed (early detection of rare but serious breathing, cardiovascular or neurological problems). With PCEA, only the patient activates the PCEA button.

CLINICAL & SYSTEM MONITORING REQUIREMENTS:

Assessments done at baseline, every 30min x2, followed by every hour x2, then every 4 hours if stable.
Clinical monitoring continues until four hours after catheter is removed.

- Motor functioning and sedation levels are checked with the scale used on that unit.
- Pain intensity is assessed using a validated rating scale aligned with the patient's age and abilities.
- Dressing, Medication, Tubing & Pump is evaluated each shift for proper settings, labels & alarms
- Clarification that RNs are allowed to change epidural bags and tubing.
- Do not omit patient monitoring if patient sleeping, wake patient if necessary

PHYSIOLOGICAL MONITORING REQUIREMENTS: Continuous (moderate risk) during infusion.

- Cardiopulmonary assessments are consistent with unit-based standards.
- Continuous O_2 Saturation (or capnography) monitoring is required for the duration of therapy.
- ECG monitoring is required for the duration of therapy due to a risk of arrhythmias or hypotension.
  - Patients traveling off the unit must be accompanied by a licensed clinician
  - Patients may be off monitor only when a licensed clinician is present

OTHER CARE CONSIDERATIONS:

- Epidural catheters are labeled to avoid confusion with catheters placed for other infusion types.
- During transitions in care (e.g. change of shift or transfer), receiving professionals verify the infusion pump settings against the order, and the integrity of the tubing connection and dressing/insertion site
- In the event of suspected overdose, serious adverse effects, or sudden decline in patient condition:
  - Shut off the pump and close the clamp
  - Contact the rapid response team or initiate life-support measures if indicated
  - Contact the responding clinician and page the Acute Pain Service (2-PAIN)
  - Administer O2 and Naloxone (Narcan) per order
- Notify the Acute Pain Service in the event of:
  - Unstable vital signs, (e.g. fever, bradypnea, hypotension, dysrhythmias) or O2 Saturation < 90%
  - New onset back pain at the site of the catheter
  - New onset, progressive or worsening motor deficits, or changes in bowel or bladder functioning
- In the event of suspected equipment malfunctioning, the pump can be turned off and slide clamp closed while the Pain Service is contacted and trouble-shooting processes are utilized
- Document of clinical and physiologic monitoring on flow sheet at least Q4H around the clock. Note other pertinent details or changes in a progress note.

RESOURCES:

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