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 intraoperatively.
- 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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