

**1. ALLERGIES/REACTIONS:**

**2. INITIATION:**

Preload:  500 mL Lactated Ringers     1000 mL Lactated Ringers     \_\_\_\_ mL Lactated Ringers/Norma Saline

[a] Epidural Solutions:

- Fentanyl (2 mcg/mL) + Bupivacaine 1.2 mg/mL (0.125% final concentration) in 100 mL normal saline
- Bupivacaine 1.2 mg/mL (0.125%) ONLY
- Fentanyl (2 mcg/mL) + Bupivacaine 0.6 mg/mL (0.0625% final concentration) in 100 mL normal saline
- Bupivacaine 0.6 mg/ML (0.0625%) ONLY
- Other: \_\_\_\_\_

Continuous Epidural Infusion: Start epidural at \_\_\_\_\_ mL/hr by epidural pump ONLY.

[b] Intrathecal Injection: Time: \_\_\_\_\_ Medications: \_\_\_\_\_

**3. MONITORING:**

- [a] Respiratory Rate, Sedation, Block Level: Check every hour until discontinued.
- [b] Blood Pressure and Heart Rate: Check after initial placement and after boluses, every 3 minutes for 15 minutes, then every 15 minutes for 30 minutes. If BP stable, check every 30 minutes until discontinued.
- [c] Pulse Oximetry: Monitor continuously for 20 minutes after initial placement and after boluses, then every 30 minutes.

**4. MAINTENANCE:**

- [a] Maintain IV access. Strict bedrest unless opioid-only neuralaxial block, then may ambulate as needed.
- [b] Systolic BP less than 100 mmHg: Repeat BP measurement until BP greater than 100 mmHg. Ensure “left uterine displacement”, consider O<sub>2</sub> face mask at 10 liters/minute, and give Lactated Ringers 300 mL bolus. If BP less than 100 mmHg persists after above measures, then notify anesthesiologist/CRNA. Give 5-10 mg ephedrine IV (1-2 mL of ephedrine diluted 50 mg/10 mL).
- [c] Increasing Sedation and/or Respiratory Rate less than 8 breaths/minute: Stop infusion. Give O<sub>2</sub> (ambu bag if necessary), check pulse oximetry, give naloxone (Narcan) 0.1 mg IV STAT with 10 mL normal saline flush (may repeat times 3, every 3 minutes). Discontinue epidural infusion and notify on-call anesthesiologist/CRNA.

**5. DISCONTINUATION OF EPIDURAL CATHETER:**

- [a] Epidural catheter will be discontinued after delivery.
- [b] Discontinue monitoring and IV access two hours after delivery if stable.
- [c] May resume full oral intake when block level is T<sub>10</sub> or below.
- [d] May start narcotic pain medication at the onset of pain.

**6. TREATMENT OF COMPLICATIONS:**

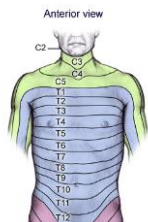
- [a] Opioid-related Side Effects: After Delivery:
  - Ondansetron 4 mg IV for nausea.
  - Diphenhydramine 25 – 50 mg IV/PO for itching.
  - Urinary Retention: Consult with Obstetrician/CNM. In-and-out Catherization.

**7. NOTIFY YOUR ON-CALL ANESTHESIOLOGIST/CRNA FOR:**

- [a] Persistent systolic blood pressure less than 100 mmHg for more than 5 minutes
- [b] Inadequate labor pain control.
- [c] Increasing sedation or respiratory rate less than 10 breaths/minute.
- [d] Block level T<sub>6</sub> or above.
- [e] Excessive Sedation: Stop infusion. Treat as above (5-d). Reassess.
- [f] O<sub>2</sub> Saturation < 90% sustained: Increase Oxygen.
- [g] Motor/Sensory Deficits (ie, Unable to move legs, excessive numbness of one or both legs): Stop infusion.
- [h] Epidural catheter displacement or accidental removal.
- [i] Leakage or inflammation at epidural insertion site.
- [j] Postural headache.

**DERMAL SENSORY LEVELS:**

T4:	Nipples
T6:	Xiphisternum
T8:	Midway
T10:	Umbilicus
T12:	Pubis



**SEDATION SCALE:**

- 1 = Awake and alert
- 2 = Slightly drowsy, easily arousable
- 3 = Frequently drowsy, arousable, drifts off to sleep during conversation
- 4 = Somnolent, minimal or no response to physical stimulation.
- S = Sleep, easy to arouse

**8. EMERGENCY CALL ORDERS:**

[a] For Respiratory Arrest: Call Code 72, CALL ANESTHESIOLOGIST.

Physician/CRNA Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Physician's Order Form -OB: Intrathecal/Epidural Analgesia Orders**      PATIENT ID LABEL

Guam Memorial Hospital Authority

Reviewed: 4/2015 Approved: Anesthesia: 4/15, P&T: 6/15, MEC: 6/15, HIMC: 6/15

FORM #04970 Stock # 9904970