



Epidural Standard

Procedure Number

CHC-PE-0004

Version Nos:

3

1. Purpose

This Standard outlines the West Coast District Health Board (WCDHB) standard for Epidural management of patients which minimises the risk of harm for the patient and the nurse, and optimises the individual patient's pain relief.

2. Application

This Procedure is to be followed by all staff working with epidurals throughout the WCDHB.

3. Definitions

There are no definitions associated with this Procedure.

4. Staff Authorised To Perform Procedure

This Procedure shall be performed by a MIV and Epidural Certified Registered Nurse, Midwives, Anaesthetic Technicians and Anaesthetists

5. Resources Required

This Standard requires no specific resources.

6. Process

1.00 Indications for Epidural Analgesia Infusions:

- For major abdominal surgery;
- Some pelvic / lower limb orthopaedic procedures;
- Surgical inpatients with severe respiratory disease;
- Where Patient Controlled Analgesia (PCA) may be inappropriate.

1.01 Contra-indications Epidural Analgesia Infusions:

A. Absolute contra-indications:

- Hypovolemia
- Infection
- Coagulopathy
- Raised intracranial pressure
- Patient refusal

B. Relative contra-indications:

- Spinal deformity
- Patients with Neurological problems
- Allergy to local anaesthetic

1.02 It is extremely important that the epidural catheter not be displaced so anything that might cause this to happen must be avoided, eg be very careful when turning, etc.

1.03 There will be an occlusive dressing over the Epidural catheter insertion site, which may be reinforced with mifix / sleek. This is to allow for direct visualization of the insertion site. A Biopatch is sometimes indicated.

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- 1.04 This dressing must **NOT** be removed unless first discussed with the Anaesthetist. Any problems with the integrity of the dressing or the rest of the Epidural system, contact the Anaesthetist or after hours the duty Anaesthetist.
- 1.05 If there are any problems, such as leakage around the site or signs of inflammation / infection contact the anaesthetist. If any such signs accompany the removal of the Epidural catheter when the Epidural infusion is completed, take a microbiology swab of the site, using sterile scissors remove the catheter tip and send both for bacteriology culture and document same in notes (see *WCDHB Removal Of Epidural Catheter Procedure*).
- 1.06 The Registered Nurse/Midwife/Anaesthetic technician responsible for the Epidural infusion must be MIV certified and have completed the training programme for Epidural infusion management approved by Nursing Management/Anaesthetic department, WCDHB.
- 1.07 Epidural bolus may only be administered by an Anaesthetist, or the patient if programme on infusion pump enabled.

7. Precautions And Considerations

- ➔ Registered Nurses/Midwives/Anaesthetic Technicians who have completed the WCDHB Epidural Analgesia Module may be responsible for the maintenance of Epidural infusions.
- ➔ It is extremely important that the epidural catheter not be displaced
- ➔ Epidural bolus may only be administered by an Anaesthetist

8. References

WCDHB IV Resource Manual

9. Related Documents

WCDHB Removal Of Epidural Catheter Procedure

Revision History	Version:	3
	Developed By:	Anaesthetist, CNE Perioperative Services
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