



# Removal of the Epidural Catheter Procedure

Procedure Number

CHC-PE-0006

Version Nos:

3

## 1. Purpose

This Procedure is performed as a means of ensuring that an Epidural catheter is removed safely by approved staff members.

## 2. Application

This Procedure is to be followed by all staff working with epidurals throughout 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 Procedure requires:

- i) Dressing Pack
- ii) Chlorhexidine 2% and Alcohol 70% swabs/sticks x 2.
- iii) Specimen container / Sterile scissors (if signs of infection/inflammation at site).
- iv) Sterile gloves

## 6. Process

- 1.00 Review anaesthetist's instructions for the removal of the epidural catheter. Check appropriate timing if patient on anticoagulant ie. 4hrs prior to next dose of anticoagulant.
- 1.01 Wash hands and collect appropriate equipment/resources.
- 1.02 Correctly identify patient.
- 1.03 Obtain informed consent from patient.
- 1.04 Explain Procedure to patient.
- 1.05 Ensure privacy of patient by closing curtains around bed or closing door to room.
- 1.06 Provide privacy and adequate lighting.
- 1.07 Position patient on their side with back slightly flexed.
- 1.08 Social handwash.



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- 1.09 Assemble equipment.
- 1.10 Wash hands and put on non-sterile gloves. Remove outer dressings.
- 1.11 Procedural handwash, sterile gloves, sterile dressing pack, cleansing area with chlorhexidine and alcohol swab before removal of catheter.
- 1.10 Catheter is gently and steadily withdrawn. **Note:** Force should NOT be used (if resistance is felt, do not continue with the procedure and notify anaesthetist). Be aware that catheters can knot or break in epidural space.
- 1.11 The tip of the Epidural catheter should be examined on removal to check for intactness. The tip should be blue and blunted. If there are any doubts about completeness, contact anaesthetist.
- 1.12 If there is any sign of infection / inflammation, swab site and send swab and the Epidural catheter tip for bacteriology culture. Notify anaesthetist and document this in the patient's clinical notes.
- 1.13 Clean site with Chlorhexidine and alcohol swab to provide optimal asepsis.
- 1.14 Cover site with occlusive dressing for 24 hours – assess 8 hourly and document.
- 1.15 Remove gloves and complete social hand wash.
- 1.16 Document the Procedure on the Epidural Prescription sheet, as well as in the patient's clinical record along with any variances.
- 1.17 Continue to observe patient for any signs and symptoms of an Epidural abscess or haematoma and if any are present, notify anaesthetist.

### 7. Precautions And Considerations

- ➔ Force should NOT be used when removing Catheter
- ➔ Any sign of infection/inflammation, swab site and send swab and the Catheter tip to Lab
- ➔ If patient exhibits any signs/symptoms of Epidural abscess or haematoma notify anaesthetist.
- ➔ The ideal time for removal of Epidural catheter following authorisation from Anaesthetist for patients on anti-coagulants is 20 hours from the last dose, ie four hours before next dose.

### 8. References

Acute Pain Management Service – Christchurch Hospital  
Canterbury Health Policy & Procedure Manual  
Canterbury Health Fluid & Medication Manual

### 9. Related Documents

WCDHB Epidural Standard



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|-----------------------------|-----------------------------|---------------------------------|
| <b>Revision<br/>History</b> | <b>Version:</b>             | 3                               |
|                             | <b>Developed By:</b>        | Dr Malcolm Stuart & Chris Black |
|                             | <b>Authorised By:</b>       | Dr Malcolm Stuart               |
|                             | <b>Date Authorised:</b>     | June 2002                       |
|                             | <b>Date Last Reviewed:</b>  | June 2008                       |
|                             | <b>Date Of Next Review:</b> | June 2010                       |