

4 PAIN MANAGEMENT IN LABOUR

4.8 NEURAXIAL BLOCKADE

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4.8.1 Delegation of Care /Responsibilities of the Registered Midwife/Nurse
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

4.8.1 DELEGATION OF CARE / RESPONSIBILITIES OF THE REGISTERED MIDWIFE / NURSE

1. A resuscitation trolley must be nearby and available at all times. Drugs that may be required urgently in relation to a complication of an epidural block are kept in the pharmacy box on the resuscitation trolley.
2. Care of the epidural therapy will be under the direct supervision of a registered midwife/nurse certified competent in epidural therapy.
3. Registered nurses who do not have midwifery qualifications must not administer epidural substances to labouring women prior to birth.

NOTE: Midwifery students must achieve epidural competency as per university course requirements to enable them to administer epidural substances under the direct supervision of a midwife.

4. Staff not certified competent in epidural therapy WILL NOT:
 - control, maintain or otherwise be directly involved in epidural therapy
 - care for any woman receiving epidural therapy without direct assistance of a registered midwife/nurse certified competent in epidural therapy

EXCEPT TO:

- assess, record and report routine observations on temperature, pulse, respirations and blood pressure if required.
5. The anaesthetic registrar / consultant initiating the epidural therapy will supply the midwifery staff with:
 - Their electronic pager number and/or
 - Telephone numbers
 6. Initial test doses and primary therapeutic doses are given by the anaesthetic registrar/consultant.
 7. The registered midwife/nurse has the right not to accept the delegated responsibility of administering subsequent epidural doses, if not satisfied with the woman's condition.



8. The registered midwife/nurse will:
 - care for a woman receiving epidural therapy and for any device used in conjunction with epidural therapy
 - notify the anaesthetic registrar / consultant **immediately** if there are any concerns about the woman's condition
 - prepare medications according to hospital guidelines
 - maintain any device, including the refill of any syringe, according to **all** other terms of this guideline
 - observe the woman's responses and undertake all observations according to relevant sections of this guideline
 - provide general care as outlined in the relevant clinical guidelines, e.g. bladder care, ambulation.

COMPETENCY REQUIREMENTS¹

- Attendance at Neuraxial Blockade study day within three months of commencing employment. Recognition of Prior Learning may be offered to midwives/nurses who can provide documented evidence of theoretical and clinical competence.
- Successful completion (80% pass requirement) of the Epidural Test Paper within four weeks of study day attendance.
- After successful completion of test paper, practical competency is to be completed within 12 weeks.
- Second yearly completion of the Neuraxial Online Self Directed Learning Package. Failure to do so requires recommencement of competency requirements.

REFERENCE

1. Macintyre PE, Ready LB. Epidural and intrathecal analgesia. **Acute Pain Management - a Practical Guide**. London: Harcourt Publishers Limited; 2001. p. 118-59.