

4 PAIN MANAGEMENT

4.8 NEURAXIAL BLOCKADE

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4.8.3 Insertion of an Epidural Catheter
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

4.8.3 INSERTION OF AN EPIDURAL CATHETER

AIM

To introduce a catheter into the epidural area of the vertebral column for the purpose of administering regional analgesia or anaesthesia.

KEY POINTS

1. Ensure a current (within 24 hours or more recent, on an individual basis) full blood count is available for women with pre eclampsia or hypertension.
2. Note the woman's allergies on the Epidural /Spinal Analgesia chart (MR280).
3. Intravenous access must be available prior to commencement of the procedure. It is the role of the anaesthetic team to insert a cannula for the purpose of epidural insertion.
4. The anaesthetic registrar / consultant shall
 - Obtain written consent on form MR 295.50
 - Administer the initial test doses and primary therapeutic doses.
5. It is important that pressure area care is meticulous for all patients receiving epidural therapy. The decreased sensation produced by epidural analgesia removes the usual warning signs that prompt patients to move. Significant motor block may limit patient movement. Both of these factors may contribute to the development of pressure areas. Most commonly the heels, medial and lateral malleoli and sacrum are involved but **ALL** pressure points are at risk.

CONTRAINDICATIONS

- Existing risk of epidural abscess formation e.g.
 - Local infection of the back
 - Septicaemia.
- Unacceptable risk of epidural haematoma formation e.g.
 - Current anti-coagulation therapy.
 - Thrombocytopaenia (platelet count < 50,000).

- Uncorrected clinically deleterious hypovolaemia.
- Obstetric emergency requiring birth at the earliest possible time.
- Allergy to local anaesthetics.
- Active neurologic disease.

EQUIPMENT

- Sterile gown pack and gloves
- Disposable sterile epidural pack
- Chlorhexidine 0.5% with Ethanol 70% solution.
- Minipack 16G (either epidural minipack or combined spinal / epidural pack)
- Biopatch™ - optional
- Easi V dressing
- Sterile transparent film dressing (20cm x 30cm)
- Regional Anaesthesia Catheter Securement Device (Lockit™) – optional
- Analgesic agent as determined by the anaesthetist

PROCEDURE

1. Prior to Epidural Insertion

- Check the woman's medical history to ensure there are no contraindications.
- Discuss with the obstetric / medical team.
- Advise the woman to void prior to commencement of the procedure.
- Ensure resuscitation equipment is available and working- oxygen, suction and intubation equipment.
- Check and record baseline maternal and fetal observations
- Ensure intravenous access is present prior to insertion. If hypotension occurs as a result of epidural therapy, intravenous bolus fluids or drug therapy is required.
- Prepare epidural insertion equipment, ensuring sterility is maintained.
- Assist the woman to the position required by the anaesthetic Registrar / Consultant.
- Assist the woman to expose her back.
- Assist the anaesthetic Registrar / Consultant to gown.
- Consider temporarily ceasing the oxytocic infusion if in situ.
- Remove the CTG straps or place them under the woman's buttocks.

- Assist with the epidural insertion equipment, ensuring sterility is maintained.

2. During the Epidural Insertion

- Maintain continuous fetal heart rate monitoring throughout the procedure, even if the transducer needs to be hand held in place. If the CTG is ceased, continue intermittent auscultation of the fetal heart.
- Maintain the sterile field.
- Palpate for contractions and inform the anaesthetist of their presence.
- Offer nitrous oxide and oxygen to assist the woman with her contractions until the epidural is working effectively.

3. After Epidural Insertion.

- Assist with the completion of the dressing as required.
- Check and record maternal and fetal observations as per MR 280.
- Commence continuous cardiograph monitoring. See clinical guideline [B 5.6 Intrapartum Fetal Heart Rate Monitoring](#)
- Ensure all documentation is complete.
- Set up the Patient Controlled Epidural Analgesia device if ordered. See clinical guideline [B 4.8.4.2 Administration of Epidural Therapy via a PCEA.](#)

4. Ongoing Care

- Assess any return of pain and further analgesia requirements. There may be a requirement for top ups as well as a PCEA.
- Bladder care. See clinical guideline [B 5.8.1 Care of a Woman during the First Stage of Labour.](#)
- Notify the anaesthetist early if there are signs of inadequate analgesia.
- Perform and document observations as per the MR280 Epidural / Spinal Analgesia Chart.
- Perform and record pressure area assessment as per clinical guideline [A 2.11 Pressure Ulcer Prevention](#)