2 NEURAXIAL BLOCKADE

2.11 ACUTE PAIN SERVICE

KEYWORDS

Pain, anaesthetic, theatre, recovery room, labour and birth suite, epidural, APS

- An anaesthetic registrar is rostered on for Acute Pain Service (APS) Monday to Friday 0730-1700 hours (page 3227).
- APS nurse is available Monday to Friday 0730-1600 hours (page 2256)
- After hours the evening or night duty registrars will take calls (page 3225 or in an emergency speed dial 6225)
- Daily pain round commences 0730 hours in Adult Special Care Unit (ASCU) with on duty consultant anaesthetist, APS nurse and oncology team.
- All patients who have received epidurals or intravenous patient controlled analgesia devices are reviewed daily until completion of therapy.
- Epidural sites are checked daily and 24 hours post – removal.
- Data forms must be collected daily from
  - Theatre Recovery Room
  - Reception desk in Labour and Birth Suite
- Information regarding the woman's ward, type of analgesia, birth, perineal repair and other details can be obtained from the birth register and theatre register.
- The data forms are completed on ward round (e.g., time of removal, drugs given, complications, antibiotics given, inflammation of site).
  Note: forms for intravenous analgesia must be completed at this time.
- Remember:
  - Writing up regular paracetamol and non-steroid anti-inflammatory drugs (as well as analgesia to continue following cessation of epidural/patient controlled intravenous analgesia in theatre, e.g., tramadol and oxycodone) makes ward rounds a lot easier especially on weekends, and ensures there are no gaps in the delivery of analgesia to our patients.
  - Completing data forms in theatre, especially for obstetric women who come to theatre for Caesarean, is easier than trying to complete on the ward.

It is also the duty of the acute pain registrar to review the Labour and Birth Suite medical evaluation forms to decide which patients should be seen in a pre-assessment clinic. Please do this on a daily basis. The forms will be in an envelope addressed to you in the pain nurse’s pigeon hole in the front office.
- Any woman who has had a spinal, combined spinal epidural or epidural is to be given the discharge information sheet ‘After Your Epidural’ before going home.
**WEEKENDS**

- The weekend registrar will be rostered to do the pain round on Friday to become familiar with the women on the APS.
- A list will be compiled on Friday afternoon with urgent and non-urgent priority women and any additional information.
- Priority lies with ASCU then wards 6, 5, 4, 3.
- The Pain Round should be completed early before any non-urgent theatre cases.
- No semi-elective theatre cases should be booked before 1000 hours.
- The weekend anaesthetic consultant or Senior Registrar will be on site to help with pain round and/or attend to cases in theatre to facilitate completion of pain round.

**USUAL PROCEDURE**

**EPIDURAL INFUSIONS (GENERALLY FOR ONCOLOGY AND GYNAECOLOGY PATIENTS):**

- Local anaesthetic/opioid infusion for 24 to 48 hours, usually with PCEA feature.
- Opioid alone by infusion / PCEA for a further 24 hours.
- Top-ups for a further 24 hours then remove.

**PATIENT CONTROLLED EPIDURAL ANALGESIA (PCEA) AS FOR CAESAREANS**

- For 48 hours
- At 48 hours add oxycodone and encourage the use of regular oral analgesia prior to removal of epidural.

In general, make sure women are prescribed the PONV protocol and, where indicated, have naloxone charted (e.g. for those receiving spinal morphine).