Our Lady's Children's Hospital, Crumlin
Epidural Infusion
Care plan number –23

Care plan 23		Goals	Issue date: August 2018 Review date: August 2021
		PATIENT PROBLEM ..... has an epidural infusion of ..... in situ and so is potentially at risk from: a) inadequate pain management; b) dense motor block c) excessive sedation d) respiratory depression; e) urinary retention; f) pruritus (itching); g) nausea and vomiting ; h) impaired mobility ; i)neurological damage (j) technical complications (k Infection	
Goal		a) .....'s pain will be managed individually so that the level of discomfort experienced by him/her is judged to be acceptable by ..... and / or his/her family. b) Any adverse side effects from the epidural will be identified promptly and appropriate action taken. c) .....'s safety will be maintained at all times, problems identified and appropriate action taken.	
Commenced date, time and signature	No	**Nursing Intervention:** Refer to hospital guidelines for epidural infusions, epidural observation chart and regional analgesia prescription sheet	Discontinued date, time and signature
	1	**Infusion**	
		• The epidural pump and infusion will be checked against child's prescription sheet at start of each shift. The programming of the pump will match the prescription. • The hourly volume infused, together with the running total of the volume of epidural will be documented on the fluid balance sheet. • Nursing staff will independently double check, sign and document: any changes to the rate of infusion, change of infusion bag or epidural infusion set. • The infusion will be changed **every 24 hours if it includes an additive**. If there is no additive the infusion and set will be changed every 48 hours using ANNT level 2. • If technical problems occur with the pump, they will be reported to the biomedical engineering department/Pain service nursing staff and the pump will be removed from service. • Duration of infusion will be no more than 5/7 unless tunneled catheter is utilized	
	2	**Detecting and Managing Side Effects**	
		• Nursing staff will observe, monitor and document specific epidural observations on the epidural chart as per guideline and prescription sheet. • Nursing observations will be more frequent if any side effects are detected. • Nursing staff will monitor for signs of local anaesthetic toxicity as per guideline. • Stop infusion and contact Pain Control Team/Anaesthetist on call /consultant anaesthetist if ……is unarousable or has poorly controlled pain, excessive nausea and vomiting **and/or** is experiencing signs of **epidural complications** e.g. respiratory distress, haemodynamically unstable, dense motor block, urinary retention, faecal	

Patient Name……
HCR No……
Ward……

		incontinence, pyrexia (refer guidelines, section)	
	2a)	**Pain assessment as per care plan 30**	
		• Pain will be assessed and managed as per care plan 30. • The rate of infusion will be increased as per prescription if level of block is too low and pain control is not optimised.	
	2b)	**Motor Block**	
		• Assess and record level of dermatome block using Bromage score **4 hourly** as per observation sheet and guidelines. • If level of block is higher or denser than expected contact Pain Control Team. • Use algorithm entitled Management of leg weakness with an epidural if Motor block is denser than expected.	
	2c)	**Sensory block**	
		• Assess sensory block using cold or ethyl chloride spray 4 hourly or more often if pain is not controlled or level of sensory block too low as per observation sheet and guideline. • If the level of the block is too low the infusion will be increased within prescribed limits and a bolus will be considered. • If sensory block is one sided encourage……to lie on side with low block	
	2d)	**Headache**	
		• ……will be monitored for signs of severe frontal headache that is worse when sat forward. This may be indicative of a leak of cerebro spinal fluid. • Lie ……flat and administer simple analgesics and fluids If headache is reported. • Notify Pain service if headache is severe	
	2e)	**Pruritis**	
		• Assess for pruritis at least 4 hourly • If pruritus occurs an antihistamine or low dose Naloxone may be administered as prescribed. • If pruritus does not resolve the Pain Service will be contacted and if opioids are in infusion fluid the opioid may be removed.	
	2f)	**Infection**	
		• The epidural filter will remain in place at al times. • If Temperature exceeds 38.5^0 the Pain Service or anaesthetist on call will be informed. • All changes to epidural infusion bag or giving set will be done using ANNT level 2	
	2g)	**Epidural site**	
		• The epidural catheter will be protected from disconnection • The epidural site will be checked at least four hourly for redness, tenderness, leakage or problems with dressing and correct position. • Any abnormality will be reported to the Pain Control Team.	
	3	**Mobilisation/Pressure areas**	

Patient Name……
HCR No…….....
Ward…….

		• A risk assessment re the need for a pressure relieving device will be carried out. • Pressure area will be monitored 4 hourly and …… will be regularly repositioned and encouraged to mobilize if his or her condition allows. • Parents and …….will be informed that he/she should not attempt to stand or walk unaccompanied during the epidural infusion.	
	4	**Removing Epidural Catheter**	
		• The epidural catheter will be removed using ANNT level 3 principles on advice from the Pain Service or anaesthetist. • Ensure _____ has adequate supplemental analgesia prior to discontinuing epidural infusion. • On removal of epidural, the catheter tip will be inspected for intactness. • A Band-Aid will be placed over the area. • Observations of pulse, respirations, pain score, and motor block and Levobupivacine toxicity will be continued for 4-6 hours after an epidural infusion has been discontinued. • Coagulation screen is not routinely required prior to removing of epidural catheter. • See guideline on advice re timing of catheter removal and administration of prophylactic LMWH. • Parents will be provided with epidural information sheet. • The Date and time of removal will be documented on prescription sheet.	

Patient Name……
HCR No…….....
Ward…….