Epidural - Non-Obstetric - Summary Clinical Guideline

Reference no.: CG-PM/2012/009

Epidural insertion is to be carried out by Consultant Anaesthetists, experienced Specialist Registrars and Non Consultant Career Grade Anaesthetists.

Suggested Indications

- Major surgery, including chest, rooftop, loin or full midline incisions.
- Chest trauma.
- Patients with poor respiratory reserve.
- Patients with chronic pain syndromes, particularly those on long term opiates.

Contraindications

- Patient refusal
- Coagulopathy/anticoagulated
- Hypovolaemia
- Sepsis- systemic or at insertion site

Relative Contraindications

- Fixed cardiac output
- Neurological disease e.g. MS, paraplegia, lumbar spine problems

Implementation

- Ensure a bed is available on SDU/ICU/HDU prior to insertion
- Patients must give informed consent
- Explain the sequence of events to the patient.
- An aseptic technique must be adopted for insertion of the catheter ideally in a clinical room eg anaesthetic clinical room
- The epidural insertion site should be incision congruent, i.e.at the upper most spinal level of the wound/expected pain
- Use IV 3000 to cover insertion site and then adhesive tape e.g. Flexifix, Mefix, to secure the epidural catheter up the back to the shoulder
- The position of the catheter, distance to skin and length of catheter left in the epidural space must be recorded on the anaesthetic chart.
- The infusion must be prescribed on Lorenzo
- The infusion must be attached and started by the anaesthetist.

Monitoring

Monitor and document pain scores using the Verbal Rating Score 0-10 on Epidural Observation Chart

Further Information

For information on:

- Varying the Infusion Rate
- Testing the Block
- Changing the Infusion Bag and Line
- Managing Complications
- Alternative Regimes

Please refer to the **Epidural Full - Clinical Guideline**

For advice or help with problems contact a member of the Acute Pain Team.