

## **GUIDELINES FOR THE CONDUCT OF EPIDURAL ANALGESIA FOR PARTURIENTS**

### **1. GENERAL COMMENTS**

Epidural analgesia is a safe and effective form of pain relief for parturients in labour provided that :

- 1.1 The technique is performed by anaesthesiologists skilled and fully trained in the technique or by trainees under supervision.
- 1.2 The number of experienced nurses or midwives who are trained and competent to manage epidural techniques must be sufficient at all times to handle the parturients given an epidural. At least one must be available who has been approved by the anaesthesiologist in charge to give epidural top up of drugs provided by the epidural route or to manage epidural infusions.
- 1.3 The recommended minimum facilities for safe anaesthetic practice in delivery suites are adhered to as stated in the Guidelines issued by the College (T4).
- 1.4 A proper epidural record chart is available including instructions provided for the nursing staff and who to contact should problems occur.

### **2. FACILITIES REQUIRED IN THE LABOUR ROOM OR DELIVERY SUITE**

For the safe administration of epidural analgesia, reference should be made to :

- 2.1 Guidelines for minimum facilities for safe anaesthetic practice in delivery suites (T4) issued by the College.
- 2.2 Guidelines on monitoring in anaesthesia (P1) issued by the College.
- 2.3 Guidelines for postanaesthetic recovery care.

### **3. CONDUCT OF EPIDURAL ANALGESIA FOR PARTURIENTS**

- 3.1 The parturient must have a proper assessment by an anaesthesiologist prior to the initiation of epidural analgesia.
- 3.2 Informed consent must be given
- 3.3 Facilities for resuscitation should have been confirmed and an anaesthetic machine check should have been undertaken prior to the performance of epidural analgesia.
- 3.4 A well secured wide-bore intravenous cannula and appropriate infusion of crystalloid solution should be in place.
- 3.5 Contraindications to epidural technique should be assiduously excluded or corrected prior to performing the epidural if an epidural technique is required. Particular attention must be given to coagulopathies, bleeding diathesis and thrombocytopenia, hypovolaemia, occult haemorrhage and supine hypotensive syndrome

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**4. THE EPIDURAL RECORD CHART**

The epidural record chart is an important document that records the progress of the epidural and warns of changes in the patients vital parameters in relationship to the dosages of medication given to the parturient.

Important information should include :

- 4.1 Date, name of patient, age, parity, hospital number and body weight.
- 4.2 Indications for epidural, obstetric and relevant medical history.
- 4.3 Epidural space, needle size, depth of epidural space, catheter length.
- 4.4 Cervical dilatation at commencement of epidural.
- 4.5 A chart for recording the patient's vital parameters and foetal heart.
- 4.6 A chart for recording the drugs given and the route by which they have been given.
- 4.7 A chart for recording the sensory and motor block achieved.
- 4.8 The volume of infused fluid with time.
- 4.9 A "remarks" column.
- 4.10 Data on epidural infusion including type of syringe pump, volume of syringe used, the concentration and volume of epidural solution used and the rate of infusion.
- 4.11 Name of anaesthesiologist performing the epidural.
- 4.12 Name of anaesthesiologist to contact and contact number.
- 4.13 Time and method of delivery and condition of the baby.
- 4.14 Any complications and the management of complications.
- 4.15 Time of removal of catheter and state of catheter upon removal.
- 4.16 Instructions to nursing staff on the management of the epidural technique.
- 4.17 Assessment of the epidural technique on the first postdelivery day
  - 4.17.1 Any epidural vein puncture.
  - 4.17.2 Any shivering
  - 4.17.3 Any fever and for how long.
- 4.18 Feedback response of the parturient on the effects of epidural.

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**5. THE POST EPIDURAL PERIOD**

For the completion of the epidural process by the anaesthesiologist, a postepidural review of the patient should be conducted within 24 hours of removal of the epidural catheter. The information gathered should :

- 5.1 Gauge the success or otherwise of the epidural technique.
- 5.2 Note any complications arising from the epidural process.
- 5.3 Describe the management of any complication and the outcome.
- 5.4 Ascertain the patient responses to the epidural technique.
- 5.5 Be used in the quality assurance programme of the Department.