Children's Health Ireland at Crumlin

NURSING CARE PLAN No 23
EPIDURAL INFUSION

(All care plans must be used in conjunction with care plan 1)

Full Name: .....
Address: Addressograph
.....
HCR.....

Care Plan No 23 Problem	EPIDURAL INFUSION	Issue Date: April 2020 Review Date: April 2023

..... 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

GOALS

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.

	NURSING INTERVENTION *(Refer to hospital guidelines for epidural infusions, regional anaesthetic observation chart and regional analgesia prescription sheet)*	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	**INFUSION**		
	• Epidural Infusions are administered via dedicated infusion pump (CADD Solis©). • Nursing staff will answer any questions that.....and his/her family ask and will provide the epidural parent information sheet to the child/family. • Two staff nurses check infusion pump programme settings, against the prescription. • Ensure.....has IV access while the epidural is in progress & for 6 hours afterwards. • The hourly volume infused, will be recorded on the regional analgesia observation chart. • Nursing staff will independently double check, sign & document: any changes to the infusion: rate, change of bag or giving set on the prescription chart. • The infusion will be changed **every 24 hours** if it **includes an additive e**.g. clonidine or fentanyl. If there is **no additive** the infusion and set will be **changed every 48 hours.** • Any technical problems with the infusion pump will be reported to the biomedical engineering department / Pain Service and the pump will be removed from service. • The infusion, will be maintained for a **minimum of 48 hours** and maximum of 96 hours for non-tunnelled catheter.		
2	**DETECTING AND MANAGING SIDE EFFECTS**		
	• Monitor and observations as per regional analgesia observation sheet. • Ensure continuous pulse oximetry is in situ **at all times** until the infusion has been discontinued (plus Apnoea monitor < 1yr). • Heart rate and blood pressure will be recorded **hourly** for **four hours** following an increase in infusion rate and **four hourly** until epidural is discontinued. • .....will be monitored whilst receiving an epidural Infusion for signs of local anaesthetic toxicity as per epidural guideline. • The epidural infusion will be stopped and the Pain Control Team/Anaesthesiologist on call will be contacted if .....is experiencing signs of epidural complications. • Nursing observations will be more frequent if any side effects are detected.		
2a	**PAIN ASSESSMENT AS PER CARE PLAN 30**		
	• Pain will be assessed and managed as per care plan 30. Additional analgesia will be administered if……..……pain is not well controlled. Other measure include increasing the rate of infusion, repositioning, or requesting the pain service to review ……..…….		
2b	**MOTOR BLOCK**		
	• The level of Motor block will be assessed using the modified Bromage score **4 hourly** as per regional observation sheet and guidelines. • Where the level of motor block is ≥ 2 the anaesthesiologist or pain service will be informed and the infusion may be decreased by 10%.		

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• Where the motor block is ≥ 3 follow the algorithm for high (dense) motor block.			
2c	**SENSORY BLOCK**		
• Sensory dermatome level will be assessed as per epidural guideline **4 hourly** or more often if ……is experiencing pain or the level of the block is too high or too low. • A bolus of epidural and/or rate increase will be administered where the sensory block is too low as per epidural guideline.			
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. • Follow epidural guideline if headache is present.			
2e	**PRURITIS**		
• Assess for pruritis at least 4 hourly. • Pruritus will be managed with an antihistamine or low dose Naloxone. • Where pruritus persists, Fentanyl can be removed as per guideline.			
2f	**INFECTION**		
• The epidural filter will remain in place at all 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 **ANTT**			
2g	**EPIDURAL SITE**		
• The bacterial filter and connection to the epidural catheter will be reinforced with a clear dressing (Tegaderm) to reduce the risk of accidental disconnection. • The epidural site will be checked at least four hourly for redness, tenderness, leakage or problems with dressing and correct position. • Where leaking is detected, the infusion rate will be reduced.			
3	**MOBILISATION / PRESSURE AREAS**		
• A risk assessment re the need for a pressure-relieving device will be carried out. • Pressure points will be assed for redness, ……s' position will be changed 2-3 hourly. • ……will be encouraged to mobilise as his/her condition allows. Ensure he/she is accompanied at all times when mobilising.			
4	**REMOVING EPIDURAL CATHETER**		
• ……is receiving anticoagulant therapy, the epidural catheter will be removed as per the epidural guideline **12 hours after** the last dose of LMWH and a minimum of **2 hours before** the next dose of anticoagulant is due to be given. • Observations of pulse, respirations, pain score and Levobupivacaine toxicity must be continued for 4-6 hours after an epidural infusion has been discontinued. • The epidural catheter will be removed using ANTT level three principles on advice from the Pain Service or anaesthetist ensuring supplemental analgesia has been administered. • On removal of epidural, the catheter tip will be inspected for intactness and the removal will be documented.			

Created by Nursing Department, Reviewed by V Kilcullen 2020