

EPIDURAL ASSESSMENT

NAME _____

HCR NO: _____

- Pain**
- 0 No Pain
 - 1-3 Mild Pain
 - 4-6 Moderate Pain
 - 7-10 Severe pain

Motor Block upper limbs (see over for lower limbs)
Assess motor block function.
Ask the patient to curl and extend his/her fingers, grasp both of your hands and squeeze; lift arm "like a chicken" and lift arm "like a boxer" ✓.
If they are unable to do these tasks tick X .**Stop infusion and notify anaesthetist on call.**

- Nausea and Vomiting**
0: No nausea or vomit
1: Nausea
2: Vomit
3: >3 vomits in last hour
- Pruritis**
0: No Itch
1: Mild Itch
2: Moderate itch
3: Severe Itch

DATE	TIME	Pain Assessment		Level of Sensory Block*		Motor Block*		Motor block upper Limbs		Assessment		Epidural Site	Sign
		At Rest	On Movement	L	R	L	R	L	R	N & V	Pruritis		
												Description Dry/Intact, old ooze	

When removing epidural catheter complete discontinuation assessment on prescription sheet

* see over for guide on how to do motor and sensory observations

EPIDURAL ASSESSMENT

Hourly respiratory rate, heart Rate, Oxygen saturation level, sedation score x 24 hours, then 2 hourly
2 hourly or more often, as condition dictates: Pain score at rest and on movement, Pressure areas and BP 2hourly x 4 hours then 4 hourly
Motor and sensory block: Hourly x 4 hours, 2 hourly x 6 hours and then 6 hourly , assess more often if you have any concerns
Epidural site: in recovery, transfer to ward and 6 hourly thereafter or if any concerns.

Thoracic Epidural Motor block Assessment

Ask the patient to curl and extend his/her fingers, grasp both of your hands and squeeze and ask the patient to raise their arm "like a chicken" and "like a boxer" record V if patient able and X if patient unable to carry out this task.

- Assess for any paraesthesia (loss of sensation/numbness in the hands or arms).
- An Unduly high thoracic motor block (C3, 4, or 5) is indicated by loss of power, voluntary movement or sensation, changes in respiratory status.

If there are any signs of paraesthesia (sensation of tingling, pricking, or numbness) or loss of motor function, **stop the infusion and contact the anaesthetist on call bleep 8528.**

MOTOR ASSESSMENT FOR EPIDURALS/CAUDAL

****N.B The child's normal level of motor function should be considered when making these observations (e.g. in the case of children with cerebral palsy this may be altered)****

<p>Bromage 3 (complete) Unable to move feet or knees</p> <p>Bromage 2 (almost complete) Able to move feet only</p> <p>Bromage 1 (partial) Just able to move knees</p> <p>Bromage 0 (none) Full flexion of knees and feet</p>	3	Cannot move ankles or knees.	Stop infusion and contact anaesthetist on call, bleep 8528 <i>Reassess length strength every 30 minutes. See algorithm</i>
	2	Able to flex ankles, cannot flex knees	Reduce infusion rate by 0.1ml/kg
	1	Able to flex knees, but weak	Observe 2 hourly
	0	No motor block: No intervention required.	Patient may mobilize with supervision
	C or F	Cast or frame restricting movement NB for a child in a hip spica or with an ilizarov frame this score can be modified : 2 =Child is able to move toes and feet 3=Child unable to move toes or feet	

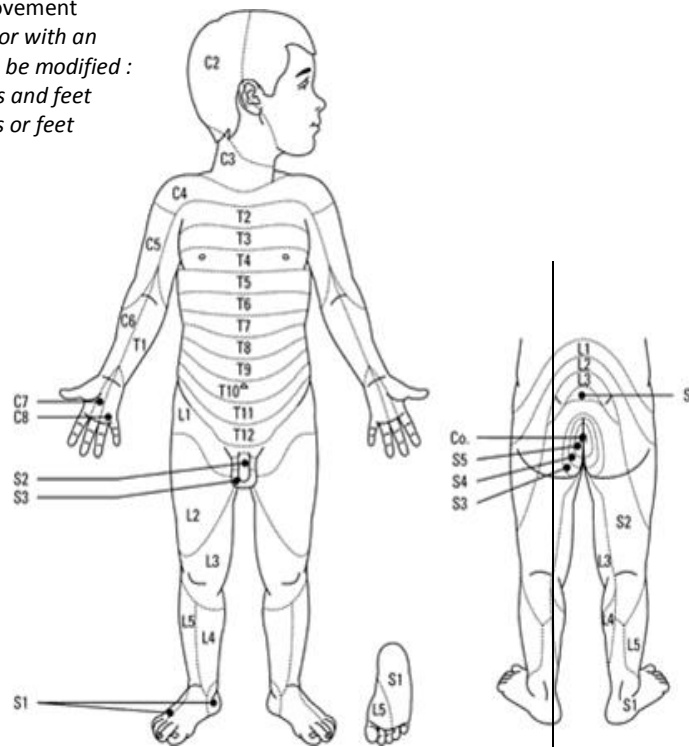
Questions to ask: Is the child pain free? If child is comfortable no need for action

- Test block level using frozen ice cube or frozen plastic vial water or an alcohol swab, cold spray.
- Begin at expected level of block (5cms above wound) & work down 2-4cms until below expected level of block.
- Repeat on both sides of the body. Ideally there should be an insensitive band of skin above & below the wound.

Non-Verbal child or child with Intellectual disability

- The child may squirm or flinch or make a face in response to cold or palpation.

Another method is to observe the child's response to movement or gentle palpation of the operative site.



LANDMARK	EPIDURAL LEVEL		SENSORY AESSMENT
Neck and top of shoulder	C3,4 and 5	Diaphragm	Stop infusion until level below C3,4 & 5. Notify anaesthetist on call
Little finger	C8	All cardioaccelerator fibers (T1-T4) blocked	Decreased sensation SHOULD NOT be detected along the upper inner arm (T1) or in the finger tips (C8, Ulnar side).
Inner arm and forearm	T1 & T2	Some degree of cardioaccelerato blockade	If changes are detected in these aereas, stop infusion and notify the anaesthetist on call immediately, bleep 8528.
Apex of axilla	T3	Possibility of cardioaccelerator blockade	Continue if thoracic block. Consider reducing infusion of Lumbar epidural.
Nipple line	T4	Continue. Possibility of cardioaccelerator blockade	Nipple line and below have loss of sensation
Tip of xiphoid	T7	T7-S1	Xiphoid process of the sternum and below have loss of sensation.
Umbilicus	T10	T10-S1	Umbilicus and below have loss of sensation.
Inguinal ligament	T12	T12-S1	Groin , lower abdomen and below have loss of sensation.
Outer aspect of foot	S1	L1-S1	Buttocks, lower back & toes have loss of sensation