

REGIONAL ANALGESIA INFUSION PRESCRIPTION

This is a specialised analgesic technique and may only be initiated by the Acute Pain Service

| | | |
|--|---|---|
| Date: _____ Surgeon: _____ Anaesthetist: _____ | Allergies: _____ Weight : _____ Kg | Addressograph Label here Name: _____ Date of Birth: _____ HCR Number: _____ |
| Specify Region: (Tick) Epidural <input type="checkbox"/> Caudal/Epidural <input type="checkbox"/> Extrapleural <input type="checkbox"/> Paravertebral <input type="checkbox"/> Intercostal <input type="checkbox"/> Femoral <input type="checkbox"/> Wound catheter <input type="checkbox"/> Other _____ | | |
| First Attempt:: Yes <input type="checkbox"/> No <input type="checkbox"/> Problems at insertion _____ | | |
| Level of catheter insertion: _____ Catheter position at Skin: _____ CM Skin to space distance: _____ CM Maintain level of block at _____ and no higher than _____ | | |

PRESCRIPTION GUIDE : Levobupivacaine 0.125%

| | |
|--|---|
| Neonates and Infants <5kg: | 0.1 to 0.2 mL/kg/hr. (Do not exceed this rate) |
| Children >5kg: | 0.1 to 0.3mL/kg/hr. (Do not exceed this rate) Maximum of 15mLs/hr. |
| Maximum Volume in a 4 hour period is: | ≤ 5Kg: 1.5mL/kg. ≥ 5Kg: 2ml/kg. To a Maximum of 75mLs |
| Guideline Fentanyl Additive: | Zero to 2 microgram fentanyl per mL of Levobupivacaine 0.125% |
| Guideline Clonidine Additive: | 0.8 to 1 microgram per mL of Levobupivacaine 0.125% |

| | | | | |
|--|--------------------------|------|--|---------------|
| Levobupivacaine 0.125% (1.25mg/mL) 100ml* (see above for prescribing guideline) Additive: _____ (strike through if no additive) Rate: _____ mL/hr Start Rate: _____ mL/hr Bolus Dose: _____ mL Lockout Time : 30 mins Additional boluses should be based on a dose of: 0.1ml/kg, to a Max of 5mLs. Bolus dose to be given by Anaesthetist/CNS Acute Pain/Certified nurse. Maximum 4 hour dose: _____ mL Connected By: _____ Time: _____ This prescription is valid for 72 hours. *Infusions with additives must be changed every 24 hours. | Prescribers signature | Date | Prepared by (Checked by 2 people) | Date/ Time |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REGIONAL BOLUS ADMINISTRATION AND/OR CHANGES TO INFUSION RATE

Increase the epidural rate by no more than 0.1ml/kg/hr. (maximum volume 15mLs/hr.)

| Date & Time | Current Rate mL /hr | Revised Rate mL /hr | BOLUS | | | Prescribers signature <small>(only required if bolus solution differs to prescribed solution)</small> | Signature |
|-------------|------------------------|------------------------|-------|---|---------------------------------|--|-----------|
| | | | mL | Infused solution=√ OR other concentration | Reason for Rate change or bolus | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Reasons: BP=↓BP S=Stopped D=Dense block H= High Block L=Low Block P= Pain U= Unilateral
 If additional top-ups are given by the anaesthetist, record observations ½ hourly for 1 hour. Hourly x 4 hours and thereafter 4-6 hourly

Regional Anaesthetic Infusion Prescription

REGIONAL ANALGESIA INFUSION PRESCRIPTION

This is a specialised analgesic technique and may only be initiated by the Acute Pain Service

| CONTACT CNS ACUTE PAIN (Bleep 8300) or ANAESTHETIST on call (Bleep 8528) in the event of any problems | |
|--|--|
| SpO2 <90% or difficulty breathing | Administer oxygen using rebreathing mask immediately. Provide PILS |
| RR <10 min over 5 yrs., or <20/min <5 yrs. | Administer oxygen. Seek medical help. Provide PILS |
| SBP <70 mmHg (or <50mmHg infants) | Administer oxygen Check sensory levels Any doubt stop infusion immediately Consider bolus fluid 10mL/kg Do not lie head low |
| Temperature >38.5 | Give antipyretic |
| Motor block Lower limbs ≥3 | Stop infusion, Reassess Motor block every 15minutes. (Where motor block does not resolve see algorithm for management of persistent motor block) When motor block resolves, epidural infusion can be recommenced. |
| Catheter Disconnect | Stop infusion; Wrap ends in sterile non-lint gauze. Contact anaesthetist |
| Leak around catheter | Keep infusion running Place absorbing dressing over the area Do not remove catheter before consulting with consultant anaesthetist who inserted the catheter |
| Numbness/tingling in fingers arms | Stop or Reduce infusion |
| Twitching/seizure | Stop infusion |
| Headache | Check Temperature and CNS observations Lie child down. Administer analgesics and additional fluids. Discuss with consultant anaesthesiologist |
| Erythema or pain at insertion site | Swab site and send catheter tip for C&S |
| Inadequate Pain Relief | Increase infusion within prescribed limits Administer supplemental analgesics |

Where the infusion contains Fentanyl or Clonidine, **NO** other systemic opioids or clonidine are to be given unless specifically ordered by, or after discussion with, an Anaesthetist or ANP CNS Pain

OBSERVATIONS

Hourly respiratory rate, heart Rate, Oxygen saturation level, sedation score x 24 hours, then 2 hourly.

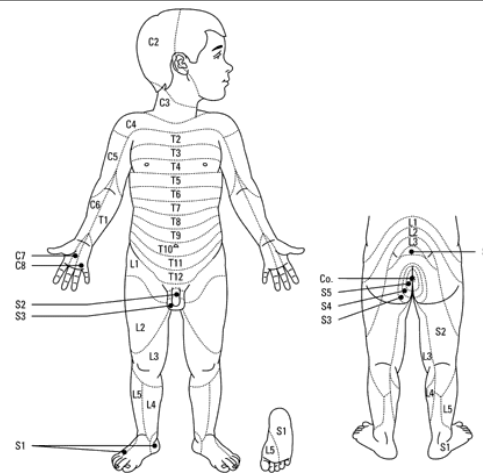
Pain score: 2 hourly or more often, as condition dictates.

Motor and sensory block: hourly x 4 hours, 2 hourly x 6 hours and 4-6 hourly thereafter or more often as required.

4 hourly: B/P, temperature, Nausea & Vomiting, Pruritis. Pressure areas

6 hourly : or more often if leaking: regional analgesia catheter site & dressing check

All assessment should be done at change of shift and if concerned about the child.



DISCONTINUATION ASSESSMENT

Coagulation discussed (child on anticoagulant or major intra-op bleed) (INR < 4) ☐ Alternative analgesia prescribed☐

Catheter tip intact Yes ☐ No ☐ Site Inflamed: Yes ☐ No ☐ Discharge at site: Yes ☐ No ☐

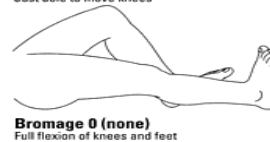
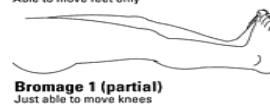
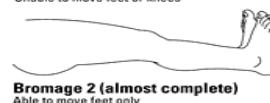
If the catheter is NOT intact, inform the anaesthetist on call IMMEDIATELY on bleep 8528

If there is site inflammation or discharge, please cut catheter 3cm from tip and place in sterile container. Send for C&S ± skin swab if indicated, and notify the Anaesthetist, CNS Pain.

Catheter problems e.g. leak, disconnect _____

Catheter removed: Time & date : _____

Signature of person removing catheter _____



3: Cannot move legs, ankles or knees: Stop infusion & contact anaesthesiologist (Registrar or Consultant) Reassess length strength every 30 minutes. See algorithm
2: Able to flex ankles, cannot flex knees
Reduce infusion rate by 20%
1: Able to flex knees, but weak
Observe 2 hourly.