### ORDERS

**EPIDURAL OR INTRATHECAL ANALGESIA (L&D/Pregnant)**

<table>
<thead>
<tr>
<th>Allergies:</th>
<th>NKA</th>
<th>Allergy – See EMR</th>
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<tbody>
<tr>
<td>Weight:</td>
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</table>

- **Administer IV fluid bolus 500-1000 mL LR prior to test dose**
- **Initiate/Continue IV protocol**
- **Epidural or Intrathecal One-time Dose:** Date/Time:______________ (Preservative Free = PF)
  - Morphine _______ mg
  - Hydromorphone _______ mg
  - Fentanyl _______ mcg
  - See Nursing and PRN Med Orders below.

### Patient Controlled Epidural Infusion Medication:

<table>
<thead>
<tr>
<th>Premix (Default)</th>
<th>Admixture – Pharmacy to Mix</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Choose One</td>
</tr>
<tr>
<td>Ropivacaine PF 0.2% AND Fentanyl PF 2 mcg/mL</td>
<td>Bupivacaine PF 0.125%</td>
</tr>
<tr>
<td></td>
<td>Ropivacaine PF 0.2%</td>
</tr>
<tr>
<td></td>
<td>Clonidine PF 2 mcg/mL</td>
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</tbody>
</table>

**Dosing Pregnant:**
- **Dosing/rate changes may ONLY be done by a licensed anesthesia provider for the pregnant patient.**
- **Continuous Infusion Rate @____ mL/hr (Baseline Rate)**
- **PCA Dose (Demand) @_____ mL (Optional range 4 – 6 mL/hr)**
- **PCA LOCKOUT (Frequency): 15 Minutes**

### ROUTINE ORDERS:

1. Hold other opiates while patient on epidural infusion except by order of Anesthesiology.
2. **After epidural infusion discontinued:**
   - Morphine sulfate 1-2 mg IV q 1 hour prn breakthrough pain. If oral opiates are given, wait 30 minutes prior to administration of IV morphine. Discontinue morphine 12 hrs post epidural removal.
   - Hold other injectable opiate orders until 12 hrs post epidural removal (use morphine order above for breakthrough pain during this time).
   - Patients may use PO pain medications and other CNS sedative agents per physician order immediately following epidural removal.
3. Do not administer anticoagulants to patient (including IV Heparin, Enoxaparin, Fondaparinux, Clopidogrel, Dabigatran, Warfarin, Rivaroxaban, Apixaban) while epidural catheter is in place or until 6 hrs after epidural catheter removed.
4. Notify Anesthesiology for: advancing motor or sensory loss, acute back pain or for motor loss after catheter removal, any questions or problems pertaining to epidural or intrathecal.
5. Patient to be NPO or on Clear Liquid diet per primary physician for duration of neuraxial analgesia.

### NURSING ORDERS: 1:1 care is standard

1. **DC epidural after delivery of fetus**
2. After INITIAL DOSE, monitor: BP q 1-2 minutes X 10 min., then q 5 minutes X 3, then q 15 min. until delivery (if laboring) or as ordered by physician if non-laboring patient;
3. For any increase in continuous epidural infusion rate, and pain scores q 30 minutes x 2, then as before.
4. If maternal hypotension occurs (symptomatic or >20% drop from baseline): IV bolus 500 mL LR, keep patient on her side as tolerated, raise foot of bed, administer O2 at 10L by non-rebreather mask; and notify anesthesia, CRNA, or MD as indicated.
   - For Labor Patient: Monitor fetal heart rate per Fetal Heart Rate Monitoring Policy
   - For =26 weeks gestation: Monitor FHR 20 minutes q hour.
   - For >24 weeks gestation: Monitor FHR 20 minutes q hour.
   - For >26 weeks, monitor FHR continuously.
5. If on continuous infusion or receiving opioid bolus, check motor function and sensory level q 4 hours 4 hours after last dose or until patient ambulating well without assistance.
6. Assess catheter insertion site q shift and prn.
   - (Note: Epidural hematomas manifest as acute back pain followed by rapid sensory and motor loss even after catheter D/C).
7. Maintain IV access for a minimum of 4 hours following discontinuation of the epidural catheter.
8. Ambulate with assistance only. Check motor function before first ambulation. Two people to assist with first ambulation.
9. **24 hrs continuous pulse oximetry to remain after bolus of intrathecal or epidural morphine**

### PRN MEDICATIONS: (continue for 24 hrs post removal of epidural or intrathecal as directed)

- **Bradynea (RR<8)/Sedation score=3/Inability to arouse OR RASS score -3 to -5**
  - Stimulate patient, turn off epidural infusion, and notify anesthesia provider / physician
  - Respiratory therapist to administer O2 by mask and continuous pulse oximetry immediately to keep SpO2>90
  - Administer Naloxone (Narcan) 0.1 – 0.4 mg IVP. Available up to 12 hours after catheter discontinued
- **Pruritis:**
  - Diphenhydramine (Benadryl) 6.25 mg slow IV q 6 hrs prn mild to moderate itching
  - Naloxone (Narcan) 0.04 mg IV q 3 hrs prn severe itching
  - For pruritis not controlled by diphenhydramine and naloxone then use the following
  - Nalbuphine (Nubain) 2-4 mg IV q 2 hrs prn moderate itching not controlled by diphenhydramine or naloxone
  - **Ondansetron (Zofran) 4mg IV q 6 hrs prn N/V**
  - **Promethazine (Phenergan) 6.25 mg IV q 6 hours prn N/V if ondansetron is not effective**

### ANESTHESIA PRESCRIBER SIGNATURE:

**DATE:**

**TIME:**

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**PATIENT LABEL**

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**MS01-04-485 02/07/13 10/01/15**