

Original Date	02/2009	Revision Date	04/2010	Withdrawn Date	
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_____ Epidural _____ Intrathecal

Allergies: _____

Lab Orders:

CBC with Platelets

Nursing Orders:

1. Obtained written Informed Consent
2. Do not proceed if non-reassuring or non-reactive fetal heart rate—Notify Physician
3. Continuous fetal monitoring
4. Patient to void prior to procedure
5. Establish IV of LR (# 18 gauge) infuse 1000 ml bolus then run at 100 ml/hr/Infusion Pump
6. Insure baseline CBC with Platelets values have been returned and viewed
7. Baseline VS: T, P, R, BP, O2 Sat, Pain, Sedation Scale, and Sensation Documented
 - a. Repeat P, R, BP and O2 Sats every 5 minutes x 30 Minutes then
 - b. Every 15 minutes times one hour then
 - c. Hourly or as per stage of labor or as needed
 - d. Repeat Temperature every 2 hours
8. Bed Rest with HOB elevated at least 15-30 degrees at all times
9. Side lying position preferable. Pillow under either hip.
10. Ask patient to move legs/feet, raise legs every 15 minutes for the first hour then every 30 minutes. If unable, notify anesthesia immediately. If the infusion rate changes or a bolus is given repeat the every 15 minute leg lift for 1 hour then every 30 minutes. Document the epidural assessment.
11. NPO or as directed by anesthesia.
12. Bed pan to void. Offer every one hour to keep bladder empty. If unable to void straight catheter PRN. Foley PRN
13. If degree of pain relief is inadequate and or >5 notify anesthesia immediately.
14. If continuous epidural infusion, rate to be regulated by ONLY by anesthesia.

Anesthesia Orders:

1. For systolic BP < 90 mm/Hg bolus with 500 ml of LR IV solution and notify physician.
2. O2 per mask at 2 - 8 liters for respiratory depression and/or O2 sats < 90% in room air.
3. Visually check the epidural catheter, tape intact and no leaking every four hours.
4. Continue IV therapy or saline lock in place until postpartum recovery monitoring completed. Continuous pulse oximetry while epidural line is in place.
5. Contact anesthesia if pain is uncontrolled.

Pharmacy Orders:

Epidural: To be completed and administered by the CRNA

<p>PATIENT STICKER</p>

**Pre-printed Orders
Obstetrical Epidural or Intrathecal
Analgesia**

- Test Dose: Lidocaine 1.5 % MPF with epinephrine 1:200,000 (in kit)
- Bupivacaine HCl (Marcaine) 0.25% PF _____ml bolus per epidural catheter
- Fentanyl _____ mcg bolus per epidural catheter
- Ropivacaine HCl 0.2% premix bag 200 ml
- Fentanyl _____ mcg added to Ropivacaine HCl 0.2% premix bag
- Bolus _____ ml Ropivacaine 0.2% from bag (with fentanyl if added above)
- Continuous (basal) infusion rate: _____ml/hr Initial 6-12 ml/hr

Intrathecal: To be completed and administered by the CNA

- Bupivacaine (Marcaine) 2.5 mg intrathecally. Use 1 ml of 0.25% bupivacaine HCL preservative free injection.
- Fentanyl citrate 25 mcg intrathecally. Use 0.5 ml of fentanyl citrate 50 mcg/ml injection
- Morphine Sulfate (Astramorph/PF) 0.25 mg intrathecally. Use 0.25 ml of Morphine Sulfate (Astramorph/PF) 1 mg/ml
- Diphenhydramine (Benadryl) 25 mg to 50 mg IV every 6 hours PRN itching
- Metoclopramide (Reglan) 10 mg IV q 6 hours PRN nausea
- Naloxone (Narcan) 0.4 mg diluted in 10 ml 0.9NS for respiratory depression. Titrate to effect and may repeat if respiratory depression reoccurs. Notify physician.

For Epidural and Intrathecal

Do not give IM or IV analgesics if giving Narcan for respiratory depression or with O₂ sats less than 90%

- Ondansetron (Zofran) 4 mg IV prn for nausea one time. If nausea persists call anesthesia.

Information regarding Subcutaneous Heparin and Lovenox:

- a. Both may be given while Epidural is in place
- b. Epidurals may be placed and/or discontinued 10-12 hours after subcutaneous Heparin or Lovenox
- c. Hold subcutaneous Heparin or Lovenox for 2 hours after the epidural catheter is discontinued.

For Puritis:

- Diphenhydramine (Benadryl) 12.5 - 25 mg IV every 4 hours prn itching
- Promethazine (Phenergan) 12.5 - 25 mg IV q4 hours prn itching
- If allergic or ineffective give Naloxone (Narcan) 0.4 mg IV (may repeat x 1)

Physician Signature

____/____/____ :____
Date Time