

OB Primer

Epidural

Steps to performing continuous labor epidural on OB Anesthesia service

- Find patients name in the L and D navigator, create an encounter (call it "CLE" or "continuous labor epidural")
- Complete a preop on the patient as you normally would, including a physical exam. Mark anesthesia ready
- Open order set: "OB Epidural Physician Orders". Standard bag of Ropivacaine is .15% & Fentanyl 2.5mcg/ml in 200ml NS and should default. You order Basal rate (8ml), Patient Bolus dose (8ml), frequency (every 20 minutes) and maximum # of patient controlled boluses (2 boluses per hour)
- Consent the patient for continuous labor epidural. Risks include bleeding, infection, damage to surrounding structures and headache. Discuss the potential risk of headache and treatment options
- Get the epidural cart (door code is 44331*, cart code is 4410) and bring to patient room
- Open intraop navigator. Position the patient sitting, facing away with hips at the edge of the bed nearest you. Hook patient up to pulse ox and blood pressure. Perform time out

Supplies Needed

- Epidural Kit
- 2 chlorapreps
- 1 5cc syringe
- 1 large tegaderm
- Sterile gloves

Before you go into the patient's room

- The Fentanyl and ropi/fent bag for epidural will be provided by the nurse after you order them using the above order set
- Draw up the fentanyl 100mch into a 2cc syringe and the ropivacaine 0.2% into a 10cc syringe
- Spike the fentanyl bag with the epidural and let hang after removing all the air bubbles so it will prime with gravity while you do the procedure
- Open epidural tray and open other items steriley onto sterile field
- Hit "block start" in events
- Glove up

Prepare epidural kit for procedure as follows

- Draw up lidocaine into 2cc syringe for local infiltration.
- Draw up 4 cc of test dose lidocaine (Lidocaine 1.5% with 1:200,000 epi) into 5 cc syringe, use 1cc of this to prime the epidural filter so 3cc remain in the syringe.

- Open epidural catheter and have it readily available
- Get instruments ready on white towel: 3.5in Weiss needle, 2cc of local, 5cc syringe with test dose, loss of resistance syringe, place sterile drape on patient.

Procedure

Find correct interspace space and infiltrate local. Insert 3.5in Weiss needle along same track, ensuring midline until ligament is encountered. After ligament is encountered, use loss of resistance technique to find epidural space. One loss of resistance is achieved, note the depth of the needle, then thread epidural catheter through the needle. The catheter will be at the tip of the Weiss needle when the two notches on the epidural catheter (which represent 10cm from the tip of the catheter) are visible through the clear back plastic part of the needle. Catheter should thread relatively easily. Thread catheter to 20 cm (4 notches), then remove Weiss needle while continuing to advance catheter through needle as you take needle out so as to not pull catheter out with needle. Pull catheter out to desired distance.

- Place catheter clip on end, secure catheter with sticky white foam pad. Aspirate catheter then give test dose, noting HR and BP before and after. Have someone mark "Test dose given" under events on the intraoperative record using the L and D tab.
- Secure tegaderm over top of catheter and secure further with paper tape.
- Mark "block stop" in events
- Give fentanyl through epidural catheter. Allow patient to lie flat.
- Set up epidural pump. The code for the pump is the zip code on the back written backwards. Prime the pump with the machine also to avoid air bubbles.
- Mark the start of the epidural infusion on the intraop record. The drug number from paper that came with the epidural is the large red numbers and will need to be entered into the "flowsheet" tab, then the rate will need to be verified in LEAP by a qualified provider to get it to chart correctly.
- Make sure you and the attending are logged in under staff.
- Complete the SCIP measures.
- Add the patient to the L and D paper ledger book in the OB call room.

Epidural:

- Epidural basal rate: 8ml/hr
- Epidural bolus: 8ml every 20 minutes, max of two boluses an hour

Spinal

- Give 20mcg of fentanyl (.4ml of fentanyl in a TB syringe) mixed with .15ml of duramorph (preservative free duramorph is 1mg/ml so .15mg = 150mcg). This total volume will fill up .55cc in a TB syringe.
- Give this along with bupivacaine. Kit comes with 2ml of .75% bupivacaine
- Immediately after placing spinal and placing patient supine, begin phenylephrine gtt at rate of 35mcg/min. Use small syringes of premade phenylephrine in syringe pump for this.
- Anti-nausea cocktail:

- Metoclopramide 10mg
- Ondansetron 4mg
- Famotidine 20mg
- Dexamethasone 4mg (hold in patients with diabetes/glucose problems)
- Methergine (**Methylergometrine**) = don't give in patient with HTN
- Hemabate (carboprost) = Don't give in patients with reactive airway disease

Crash C Section:

- 2% lidocaine 18cc with 2cc Bicarb. Give in 5ml aliquots.
- May also use 3% Chloroprocaine if you don't have enough time for the Lidocaine to set in