

Maternity – Document an Epidural

Epidural Requested by Patient

- 1. Inform OB or Anesthesia Provider of request as per site policy.
- 2. Document in the Provider Notification section in the Labour and Delivery Band.
- 3. Once Epidural request ordered by Anesthesia in the **ANES Labour Epidural Analgesia Powerplan**.

View		L	· ·	L
Dadam fan Cinnatum	🔊 🕅 Component		Status	Dose .
Drders for Signature	ANES Labour Epidural Analgesia (LGH) (Initiated)			
Plans	Last updated on: 28-Feb-2018 13:37 PST by: Test	MAT, Nurse-OB1		
Document in Plan	⊿ Admit/Transfer/Discharge			
Medicai	Restricted to Department of Ane	esthesiology		
ANES Labour Epidural Analgesia (LGH) (Initiated)	⊿ Patient Care			

4. Retrieve ordered epidural medications from Omnicell.

Epidural Documentation

5. Document Epidural Procedure in Anesthesia, OB Section. This will also show the epidural on the Partogram when you document "Epidural Start" time.

ju ₹ 22	28-Feb-2018 14:13 PST
4 Anesthesia, OB	
Anesthesia Type OB	Epidural
Epidural Administration Status	Requested
Epidural Start	28-Feb-201
Epidural Test Dose Time	
Epidural Bolus, Anesthesia	
Epidural Patient Position	
Epidural Discontinued	
Procedure Comments	

6. On the Partogram page, you can view how long the epidural has been running.

ferral Triage	23 Postpartum	23 Partogram	🕅 Neonate Workf.	🔀 Handoff To	ol 🕅 Discharge 🕅 💙	+ 💽 - 🖻
Overvie	ew.					
Gestatio	nal Information	Gravida/Parity	GBS Status	Blood Type	Labor Onset	^
41 w 0 d	FEB 20, 2018	G1, P0 (0, 0, 0, 0)	Unknown		302Hrs 27Min FEB 15, 2018 23:50	Nullipara 🗸 🗸
Baby	Rupture of Membrane	Oxytocin	EB 26, 2018 16:59	* Start	Epidural 0 Hrs 4 Min FEB 28, 2018 14:13	+ Epidural Start Epidural Discontinued
				Stop Vecrease		 Epidural Bolus, Anesthesia Epidural Bolus, Patient



7. Document start of epidural infusion and any changes to the infusion in MAR.



- 8. In MAR under the Table of Contents (TOC) sign the medication using MAW (Medication Administration Wizard.
- 9. If you need to change the rate, go back to MAR and sign it from here:

Charting for: CSTMATGOLIVE, APRIL	×
\checkmark O \square	
BUpivacaine-fentanyl 0.08%-2 mcg/mL epidural (maternity) 100 mL 6 mL/h starting rate, 0 mL/h minimum rate, 12 mL/h maximum rate, 0 mL intermittent bolus, 0 min to first bolus, 0 min bolus frequency, 8 mL PCEA dose, 8 min PCEA lockout interval, max PCEA doses/h: 3, pump type: CADD Solis, therapy: epidural obstetric	Change Order Version
▲ 27-Feb-2018 20:45 PST - 28-Feb-2018 20:45 PST	4 1
28-Feb-2018 08:38 PST Begin Bag Bag # 1 Site Change Lumbar Infuse this cell Bolus Rate Change 8 mL/h	
Ves No BUpivacaine-fentanyl 0.08%-2 mcg/mL epidural (maternity) 100 mL	Change
*Performed date / time : 28-Feb-2018 • 0838 • PST *Performed by : TestMAT, Nurse-OB1	Comment Unchart
Witnessed by :	Apply
*Bag #: 1	
*Site : Lumbar v	
*Volume (mL): 100	
*Rate (mL/h) : 8	
	Begin Bag
	In Progress



- 10. Ensure that this is still Bag # 1 if you are still using the same bag and update the Rate in the Rate (ml/h) cell.
- 11. If you have changed the bag and it is still the same order, this would be Bag # 2.
- 12. If you had to change the bag to a stronger dose, then this would be a new order when you sign it.

Pain Modalities Section

13. In Pain Modalities, go to "Other Routes of Infusion" Dynamic Group to complete further documentation on the Epidural (This where you will document your hourly documentation).

	Dynamic Group - CSTMATGOLIVE APRIL - 700020357	×
		_
<	Label:	
	Pain Modality Infusions (Pain Modality, Drug Names, (Pain	~
Find item V Critical	Modality Infusion Location:>	0
Result	······································	
	Pain Modality Infusion:	^
*.		
R. 📈	Epidural	
	Intrathecal	
- Pain Modalities	Nerve block	
4 IV as Subautanaaus Infr	Wound infusion	
4 Other Pouter of Infusio	Other	
4 Infusions Dormatomo I		
Level of Dermatome Left		
Level of Dermatome, Eer		
Level of Dermatome, Rigi	Pain Modality, Drug Name:	
4 Infusions Lower Motor	Raclofen	~
Lower Motor Assessment	BLipiyacaine 0.1% and HYDROmorphone 0.01 mg/mL in 250 mL	
△ Infusions Functional Ac	BUDivacaine 0.2% and HYDROmorphone 0.01 mg/mL in 250 mL	
Functional Activity Score	BUpivacaine 0.1% and morphine 0.05 mg/mL in 250 mL	
△ Single Dose	BUpivacaine 0.1% and morphine 0.5mg/mL in 250 mL	
⊿ Single Dose	BUpivacaine 0.1% and fentanyl 4 mcg/mL in 250 mL	
	BUpivacaine 0.08% and fentanyl 2 mcg/mL in 100 mL	
Level of Dermatome, Left	BUDIVACAINE 0.125% and tentanyl 2 mcg/mL in 100 mL	
Level of Dermatome, Rigl	BUpivacaine 0.125% in 250 mL	
Level of Dermatome, Bila	BUpivacaine 0.2% in 250 mL	
⊿ Single Dose Lower Mote	Fentanyl	
Lower Motor Assessment	HYDROmorphone	
⊿ Single Dose Functional	Morphine	~
Functional Activity Score	<	>
	OK Cano	el
	OK Care	



TRANSFORMATIONAL

[⊿] Pa	in Modalities	
⊿	Infusions	
	4 IV or Subcutaneous Infusions	
	4 Other Routes of Infusion	
	△ <epidural 0.08%="" and="" bupivacaine="" fentanyl<="" p=""></epidural>	
	Infusion Type	
	Verification Type	
	Pump Related Activity	
	Verified Pump Settings with Orders	
	Adverse Effects	
	Continuous Rate	8
	Continuous Rate Unit of Measure	mL/hr
	Patient Controlled Setting	
	Program Intermittent Bolus	
	Clinician Bolus Given	
	Pump Cleared Total	
	Pump Cleared Total Unit of Measure	
	Number of Doses Attempted	
	Number of Doses Delivered	
	Number of Doses Denied	
	Pump ID Number	
	Tubing Care/Status	
	Site Condition	
	Dressing Activity	
	Dressing	
	Dressing Condition	
	Drainage Amount	
	Drainage Description	
	Unexpected Events	

- 14. Document the Patient assessment in the Pain Modalities Section, this documentation will include Dermatome and Motor assessments.
- 15. To hide the view and only document the Dermatomes and Motor Assessment click on Infusions and it will shrink the other sections. To expand, click on Infusions again.



		10/201101
Pain Tool Used		
4 Pain Modalities		
▶ Infusions		
△ Single Dose		
⊿ Single Dose	•	
Single Dose Dermatome Level Assessme	ent	
Level of Dermatome, Left		
Level of Dermatome, Right		
Level of Dermatome, Bilateral		
Single Dose Lower Motor Assessment		
Lower Motor Assessment Scale		
△ Single Dose Functional Activity		
Functional Activity Score		

Vital Signs

- 16. If using Fetalink, be sure the results are transferred to the chart, verify, and sign off Vital signs in iView.
- 17. If not using not using Fetalink, manually enter vitals in the Vital Signs Section in the Labour and Delivery Band.

Intake and Output

18. Rates from the Infusion bag will pull through to the Intake and Output Band. Double click in the cell and verify before signing.

🗙 OB Triage		Tuesday, 27-Febru	iary-2
🗙 Antepartum		Today's Intake: 0 mi Output: 0 mi Balance: 0 mi Vesterday's Intake: (0.5 m
🗙 Antenatal Testing			0.5
🗙 Labour and Delivery			
🗙 Newborn Delivery Data		12:00 - 11:00 - 10:00 10:50 PST 11:50 PST 10:50 P	- 100 T
🗙 OB Recovery and Postpartum		12:59 PS1 11:59 PS1 10:59 P	51
🗙 OB Special Assessment			
🗙 OB Systems Assessment			
CB Education		BUnivacaine-fentanyl 0.08%-2	
🗙 Intake And Output		mcg/mL epidural (maternity) 1 mL 8 8	
indexe interest in the second	^		
Continuous Infusions		oxytocin additive 30 unit +	
Medications		sodium chloride 0.9% (NS) titr mL	
Chest Tubes			

Discontinue the Epidural

19. To discontinue the epidural, discontinue the Epidural Powerplan. Right click on the **ANES** Labour Epidural Analgesia Powerplan and select Discontinue with no co signature.



View		N N N	TAU		or or or or other	HOIL III					
- Orders for Signature	^	S	8	Component	Status	Dose	Details				
Plans		ANES Labou	r Epidu	ral Analgesia (LGH) (Initiated)							
Document In Plan		Last updated on: 28-Feb-2018 13:37 PST by: TestMAT, Nurse-OB1									
Medical		⊿ Admit/T	ransfer	/Discharge							
ANES Labour Epidural Analgesia (LGH) (Iniii			্র	Restricted to Department of Anesthesiology							
ANES Labour Epidural Analgesia (LGH) (In	Discontin	ue									
Suggested Plans (0)	DI LIC			Communication Order	Ordered		28-Feb-2018 13:36 PST, Do not give any Opioids, CNS Depressants, and				
Orders	Plan Infor	mation		Notify Treating Provider	Ordered		28-Feb-2018 13:36 PS1, If patient is receiving LMWH, other anticoagulati				
Admit/Transfer/Discharge	Add Com	ment		Notify Treating Provider	Ordered		-Discontinue epidural if still infusing -Place patient in lateral position				
Status		\checkmark	1	Vital Signs	Ordered		28-Feb-2018 13:36 PST, Stop: 28-Feb-2018 13:36 PST, As per guideline				
🛛 Patient Care							Upon epidural initiation or any physician epidural top-up				
C Activity		\checkmark	7	External Fetal Heart Monitor	Ordered		28-Feb-2018 13:36 PST, Stop: 28-Feb-2018 13:36 PST, As per guideline				
Diet/Nutrition							Upon epidural initiation or any physician epidural top-up				
Continuous Infusions		\checkmark	Z	Motorsensory Assessment	Ordered		28-Feb-2018 13:36 PST, As per guideline				
Medications			r an	P. 1.1. P.1			Upon epidural initiation or any physician epidural top-up				
Blood Products			4	Kespiratory Kate	Ordered		28-Feb-2018 13:36 PS1, Stop: 28-Feb-2018 13:36 PS1, If Respiratory Rate I				
🔟 Laboratory			r 🏞	Sedation Assessment	Ordered		28-Eab-2018 12:36 DST. If Sedation Score (DOSS) greater than 2:				
Diagnostic Tests			2	Sedation Assessment	ordered		- Stop PCA and / or Epidural Infusion and / or IV Lidocaine and / or IV K				
Procedures		\checkmark	1	Local Anesthetic Toxicity Assessment	Ordered		28-Feb-2018 13:36 PST, Assess for systemic side effects of local anestheti				
Respiratory		⊿ Activity									
- Allied Health		\checkmark	2	Bedrest	Ordered		28-Feb-2018 13:36 PST, Stop: 28-Feb-2018 13:36 PST				

20. Document when Epidural was discontinued in Anesthesia OB Section to stop it on the Partogram.

Partogram	X Neonate Workflow	🔀 Handoff Tool	🛛 Di	scharge 🛛	OB Quick Orders	≍ +	-	
								<i>∂</i> r ≡-
ida/Parity	GBS Status	Blood Type	Labor Ons	et				^
10 (0, 0, 0, 0) Unknown			302Hrs 32Min FEB 15, 2018 23:50			Nullipara		
Oxytocin Stop	FEB 26, 2018 16:59	★ Start ↑ Increase I Stop ↓ Decrease		Epidural Discontinued FEB 28	, 2018 14:21	+ Epidural St I Epidural Di Epidural B	tart iscontinued olus, Anesthesia	