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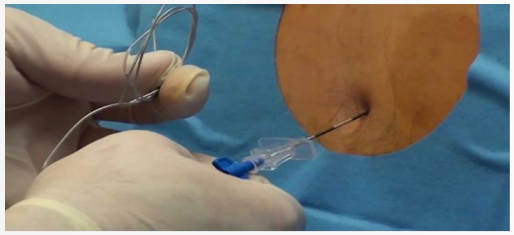
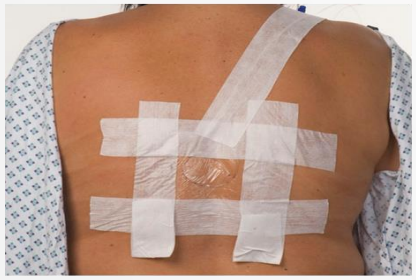
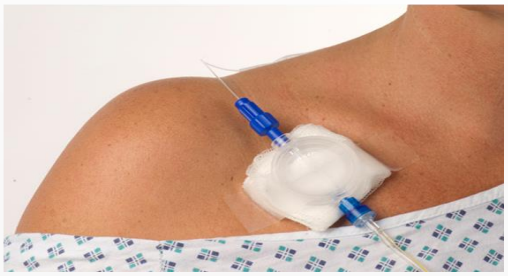
THORACIC EPIDURALS (SRFT)







Pain Team Contact:
Monday to Friday 8am till 6pm
Saturday & Sunday 8am till 2pm (Acute & Trauma pain management only) outside these hours on call anaesthetist baton phone **61852**

- Acute bleep: 07623623107
- Trauma bleep: 07623600811

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Aim- Maximise Pain relief to allow deep breaths and coughing. This will help prevent chest infections and allow early mobilisation.

INDICATIONS	CONTRAINDICATIONS
Patients undergoing major surgery e.g. upper G.I, urology To prevent chest infections – chest expansion	Patient refusal
With pre –existing chronic pain or opiate dependence	Allergies to the drugs used
Fractured ribs	Sepsis
	Coagulation abnormalities
	Spinal abnormalities
	Raised intracranial pressure

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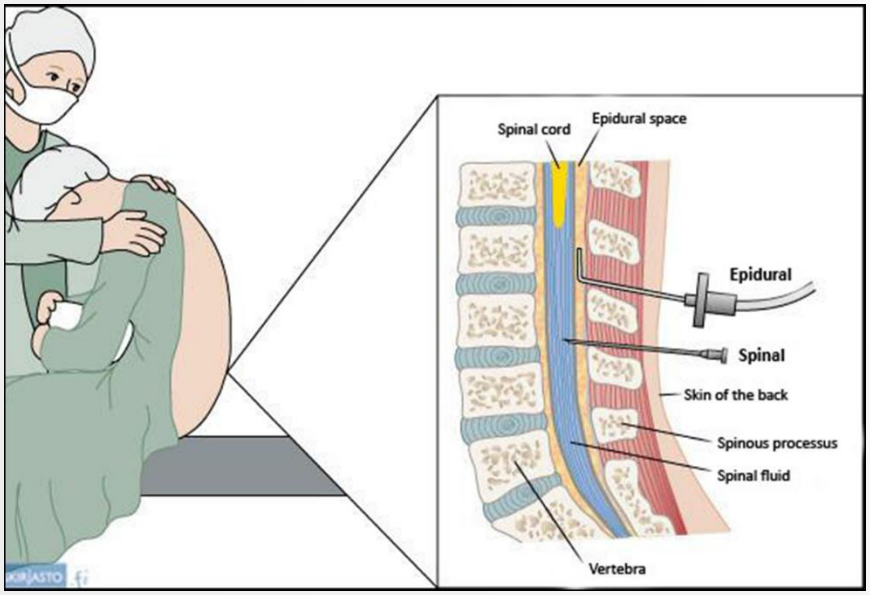
EPIDURAL INSERTION



DRUGS USED IN EPIDURALS

- Levobupivacaine 0.125% (local anaesthetic only)
- Levobupivacaine 0.125% & Fentanyl 2mcg/ml (local anaesthetic and opioid together)

- **EPIDURAL OBSERVATIONS**
- **Every 5 minutes for 30 minutes**
- **Every 15 minutes for 1 hour**
- **Hourly for the first 12 hours**
- **Then 4 hourly**

- **Duration of epidurals 3/5/7 days**
- **Giving set changed every 7 days**

MOTOR BLOCK!

Has Your Patient Developed an Epidural Haematoma?

NEW EPISODE OF BACK PAIN!

Has Your Patient Developed an Epidural Abscess?

Checking Epidural Block

Salford Royal NHS Foundation Trust
University Teaching Trust

Essam Scale (modified 2)

Is the patient able to :

0 Hand grip test (C8). Place two fingers in the patients palm "Squash my fingers hard and stop me pulling them out"

Yes →

→ **Continue regime**

No ↓

1 Wrist extension test (C6). Hold patients wrist. Place palm of your hand across the back of the patients hand "Don't let me bend it"

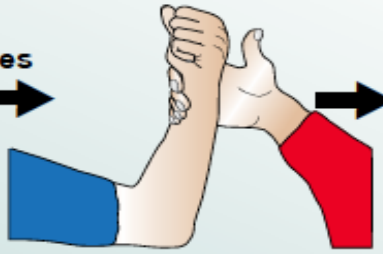
Yes →

→ **Reduce rate by 25%** Review

No ↓

2 Check elbow flexion (C5/6). Bend patients elbow up. "Stop me from straightening it".

Yes →



→ **Reduce rate by 50%** Contact Pain Team or on call anaesthetist for review. Consider supplementary analgesia if required

No ↓

3 Unable to move arms at all ? →

Stop infusion contact anaesthetist / Pain Team urgently

Epidural infusion rate

Bromage Scale (modified 1)

Is the patient able to :

0 Full flexion knee (L5 / S1). Full foot dorsiflexion (L4 / 6).

Yes →

→ **Continue regime**

No ↓

1 Just able to flex knee. Full foot dorsiflexion.

Yes →

→ **Reduce rate by 25%** Review

No ↓

2 Unable to flex knee. Full foot dorsiflexion.

Yes →

→ **Reduce rate by 50%** Contact Pain Team or on call anaesthetist for review. Consider supplementary analgesia if required

No ↓

3 Unable to move leg or foot ? →

Stop infusion contact anaesthetist / Pain Team urgently

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EPIDURAL AND OTHER ANALGESIA

- Paracetamol √
- NSAID √
- Neuropathic Agents √
- Modified Release Opioids √
- Fentanyl Patch √
- Immediate Release Opioids X
- PCA Opioids X
- Wound infiltration X

WHICH CLINICAL AREAS ACCEPT EPIDURALS?

- CCU (A,B,C,D & E) – First 12 hours
- B2M (Monitored) – First 12 hours

Then can step down to

- B1
- B2
- H4
- TAU

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Common Problems

- Ineffective pain control
  - Consider positioning
  - Consider bolus of epidural as per Trust Policy
- Low Blood pressure
  - Consider Noradrenaline infusion
  - Try to avoid excess fluid

- Regarding the epidural catheter removal and prophylactic Tinzaparin please refer to epidural policy
- Removal times will be adjusted when patient is on Therapeutic Tinazaparin- please contact the Pain Team
- If in doubt refer to EPIDURAL POLICY ONLINE