


# EPIDURAL INSERTION ON LABOUR WARD

<b>SIGN IN</b> <i>To be completed by midwife</i>	<b>TIME OUT</b> <i>To be read out loud by the midwife before invasive part of procedure is commenced</i>	<b>SIGN OUT</b> <i>To be completed by the anaesthetist before anyone leaves the procedural area</i>
<p><b>Confirm the following preparations have occurred prior to the anaesthetist being called:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intravenous cannula sited, patent and fluids commenced.</li> <li><input type="checkbox"/> Epidural information card shown to patient.</li> <li><input type="checkbox"/> Epidural/CSE/Spinal trolley checked.</li> <li><input type="checkbox"/> Epidural pump and keys present/working/battery charged.</li> <li><input type="checkbox"/> Local anaesthetic bag and infusion connectors present.</li> <li><input type="checkbox"/> Resuscitation equipment/drugs available on labour ward.</li> <li><input type="checkbox"/> DO NOT DISTURB/EPIDURAL IN PROGRESS sign in place.</li> </ul>	<p><b>Confirm:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Anaesthetist has conducted all pre-procedural checks as required on the Obstetric Epidural Prescription and Follow Up Record.</b></li> <li><input type="checkbox"/> <b>Operator is wearing hat, mask, gown and sterile gloves after scrubbing.</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Confirm operator disposes of all sharps safely.</b></li> <li><input type="checkbox"/> <b>Confirm epidural catheter has been securely fixed using an approved adhesive dressing.</b></li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Anaesthetist informed and 'SBAR' handover given to include gravida, progress and whether high risk.</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Patient is in optimum position.</b></li> <li><input type="checkbox"/> <b>Insertion site cleaned with tinted Chloraprep 2% in 70% alcohol and allowed to dry for 3 minutes.</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Confirm vital signs stable.</b></li> <li><input type="checkbox"/> <b>Level of block documented.</b></li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Confirm that on attendance of the anaesthetist, all individuals have introduced themselves; patient identity and procedure confirmed.</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Continuous CTG monitoring to be performed by midwife during epidural insertion, if appropriate.</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Epidural infusion (PCEA) commenced.</b></li> <li><input type="checkbox"/> <b>Documentation complete.</b></li> </ul>
<b>AFFIX BAR CODED PATIENT LABEL HERE</b>	<p><b><u>Signatures (print name)</u></b></p> <p>Anaesthetist: _____ Date: _____</p> <p>Midwife: _____ Time: _____</p> <p>Supervisor (if present): _____ Location: _____</p>	<p style="text-align: center;">Specialty Documents</p> <div style="text-align: center;">  </div>

# EPIDURAL INSERTION ON LABOUR WARD

This LocSSIP applies to all epidurals inserted on labour ward in CDDFT. It is to be used in conjunction with the Obstetric Epidural Prescription and Follow-up Record.

## Must-do procedural steps

1. To ensure compliance with best practice:
  - a. CDDFT's epidural insertion on labour ward procedural checklist **must** be used.
  - b. The *operator* **must** dispose of all sharps before leaving the procedural area.
2. To ensure that on attendance, the midwife can remain in the room with the patient and the anaesthetist can focus on the task of epidural insertion:
  - a. Preparations listed **must** occur and checked off before the anaesthetist is called.
  - b. The midwife **must** provide an SBAR handover when contacting the anaesthetist – Situation, Background, Assessment and Recommendation.
3. To ensure the patient understands the potential complications, provides the appropriate consent and to ensure procedural risks are minimised:
  - a. All pre-procedural checks as described in the 'Obstetric Epidural Prescription and Follow-up Record' **must** be conducted and documented by the anaesthetist prior to the procedure being performed.
4. To reduce the risk of epidural-associated infection and associated complications related to antiseptic solutions:
  - a. The operator **must** fully 'scrub' and be wearing a hat, gown, mask and sterile gloves throughout the procedure.
  - b. The insertion site **must** be cleaned with *tinted* 2% Chloraprep in 70% alcohol.
  - c. The 2% Chloraprep in 70% alcohol **must** be given 3 minutes to fully dry before the back is touched by the operator or equipment.
5. To prevent accidental catheter displacement:
  - a. The epidural catheter **must** be securely fixed using an approved adhesive dressing.
6. To reduce the risk of, and to ensure prompt treatment of, life-threatening complications:
  - a. Local anaesthetic drugs **must** only be drawn up immediately prior to conducting the procedure and 'open systems' **must never** be used.
  - b. Intravenous access **must** be secured and resuscitation equipment/drugs (including Intralipid) **must** be available in the clinical vicinity.

## Associated guidelines:

- Family Health Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.
- Obstetric Epidural Prescription and Follow Up Record.
- Policy for the management of epidural analgesia infusions in adults  
<http://intranet/sites/policiesandprocedures/Published%20Documents/Mnagement%20of%20epidural%20infusions%20in%20adults.pdf>
- Obstetric anaesthesia guidelines <http://intranet/Directorates/CCG/SD/Anaes/AnaesDMH/GUIDELINES2/Obstetrics/OAG-ver3.0.pdf>