



THE MANAGEMENT OF EPIDURAL DRUGS

Hospice Policy

Aim

The aim is to provide a course of assessed instruction to equip Registered General Nurses to care safely for patients receiving drugs via epidural catheter.

Hospice Team

All members of this team will be trained, assessed and competent and would include:

- Senior Nurses
- All Senior Staff Nurses
- Staff Nurses who have completed the probationary period

Training of Staff

Teaching/Instruction and supervised practice will be given by a medical and nurse practitioner. Following appropriate training and supervised practice a signed certificate of competence will be issued and details of this entered into a central register held in the Matron's office.

Certain staff will be trained to form a team to train others.

Method of Training

- a) Workshop from appropriate medical/nurse practitioners who have specialist knowledge.
 - i) Epidurals, applied anatomy and physiology – their use and management plus related pharmacology
 - ii) Nursing care of epidurals. Recognition of complications.
- b) Supervised 'topping up'/recharging of continuous infusion and general care of patients with epidurals.

This will take place as clinical supervision.

Assessment and Monitoring

Those with appropriate training who accept the extended role should have regular review sessions when practice and method can be evaluated. A record of these sessions would be kept.

Updating

It is the responsibility of all trained staff to be aware of current trends and practice and to keep up to date.

Patient Referral

Patients with epidurals, meeting the criteria of hospice admission, should be referred to the Medical Director who will have specific responsibility for them on admission.

Areas of Responsibility

Appropriate medical staff:

- | | | |
|---------------------------|--|------------------------------------|
| i.e. Anaesthetist | <ul style="list-style-type: none">- insertion of cannula and catheter- documentation of position of catheter- particular instructions on management of catheter as appropriate- training of medical and nursing staff | } This will take place in hospital |
| i.e. Consultant/Registrar | <ul style="list-style-type: none">- write up instructions for observation as appropriate- to be available for 6 hours after administration of first dose of drug | |
| i.e. Nursing Staff | <ul style="list-style-type: none">- 'Topping up'/recharging of continuous infusion drugs after the first 6 hours of catheter insertion- care of continuous infusion- being aware of side effects of different drugs- care of catheter site- removal of catheter if necessary | |

Responsibility regarding 'topping up'/recharging of continuous infusion of epidurals

1. Medical

- a) Assess the patient's response to epidural drugs
- b) Issue written instructions regarding observations of the patient
- c) Prescribe in writing drugs for the epidural 'top up'/continuous infusion and state dose and frequency

2. Nursing

- a) Only 'top up'/recharge continuous infusion if qualified and have received appropriate training
- b) Before 'topping up'/recharging continuous infusion assess the patient's general condition
- c) Follow the hospice procedure fully (see below)
- d) Adhere to the instructions of the medical staff and seek their advice whenever there is uncertainty
- e) Be aware of the possible side effects of the drugs prescribed

Procedure for 'topping up'/recharging continuous infusion epidural drugs

1. Check that catheter has been in place for 6 hours and that a first dose has been given by the appropriate medical practitioner
2. Two appropriately trained nurses to check the drug for administration and both sign in the controlled drug book

3. Ensure that written instructions as to the drug, dose and frequency of administration is given by the appropriate medical practitioner
4. Ascertain measures to be taken in the event of side effects
5. Adhere to the aseptic technique
6. If a filter is attached to the catheter ensure that it is changed as necessary (see instructions below)
7. If indicated record blood pressure and pulse respirations as ordered by the medical practitioner
8. Record drug, dose, time given and effects
9. Assess degree of analgesia achieved
10. Monitor effects of drug and report to appropriate staff as necessary

Procedure for removal of catheter

1. Explain procedure to the patient
2. Place the patient in a comfortable position
3. Adhere to an aseptic technique
4. Remove dressing from the area, remove sutures, gently withdraw the catheter, do not use excessive force
5. Place sterile dressing over the area
6. Observe the puncture site for any oozing

Instructions on changing the filter

The filter should be checked each time drugs are administered. If it does not block in between whiles it should be changed every 6/7 days.

Using an aseptic technique, prepare new filter by priming with about 0.5 – 1ml of drug in use until it is full, whilst still attached to the syringe, having removed old filter, attach to catheter. Continue to administer drugs as prescribed.

In the event of respiratory depression occurring

Appropriate resuscitation would be:

- a) Inform doctor responsible for the patient immediately
- b) Prepare injection of Naloxone 0.4mg. for I.V. administration
- c) Prepare to introduce airway, maintain respirations with ambu-bag.