



WINDSOR REGIONAL HOSPITAL

**POLICY  
AND  
PROCEDURE**

Universal Policy ☒  
Metropolitan Campus ☐  
Western Campus ☐

MANUAL

ISSUING AUTHORITY

SIGNATURE

REFERENCE

CODE/NUMBER  
***DRAFT***

PAGE  
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EFFECTIVE DATE  
May, 2001

LAST REVISION DATE ☐  
LAST REVIEW DATE ☐  
Original

***Windsor Regional Hospital – Metropolitan / Western Campuses  
Intraspinal Pain Management Program for Oncology- Palliative Patients***

**Belief:**

We believe that for palliative patients whose pain distribution is such that traditional pain relieving procedures are not effective that intraspinal analgesia is a safe, effective alternative. Intraspinal analgesia, which include intrathecal or epidural routes should also be considered for patients with localized intractable pain and in those patients experiencing symptoms of opioid toxicity due to escalation of dosage without reported relief. This pain relief modality can be provided both in the hospital and community setting.

**Purpose of Policy**

To provide caregivers on the Oncology program, Met Campus, Palliative Care Program, Western Campus and in the Community with guidelines for the safe and effective management of pain management via the intraspinal route.

**Policy Statements**

1. The administration of ***narcotic*** or ***anaesthetic*** agents to maintain established intraspinal analgesia for pain control is the responsibility of the physician, specifically an Anesthesiologist, in consultation with the Palliative Care MD. The overall supervision of the patient receiving the intraspinal analgesic includes:
  - Selection of the patient and route of delivery.
  - Explanation of procedures to the patient and obtaining his/her informed consent.
  - Insertion and removal of selected intraspinal catheters (i.e. short term tunneled catheter).
  - Ensuring that the intraspinal catheter once inserted is labeled and secured appropriately.
  - The patient may receive top-up medications **via syringe** by the Anesthesiologist/MD.
  - Prescribing the intraspinal analgesia on the physician's order record including concentration, diluent, frequency and rate.
  - Writing orders for patient monitoring requirements during infusion.
  - Being on call and readily available for problems associated with the intraspinal infusions or catheters.
2. All Palliative patients requiring the insertion of an intraspinal catheter via the intrathecal or epidural route for pain management and establishment of pain management via the intraspinal route will be admitted to WRH Metropolitan Campus, Oncology Program.
3. The following agents may be administered via the intraspinal route (top up, bolus or infusion): ***Opioids*** and/or ***Local anesthetic*** agents. All agents must be ***preservative free*** and designated as ***intraspinal*** form.
4. Prior to the initial establishment of pain management a peripheral IV site must be in situ and the continued need for it would be re-assessed by the MD on individual basis.



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5. Emergency medications such as Narcan and Ephedrine must be readily available when establishing intraspinal analgesia and administered by the nurse as per the MD Orders.
6. Once established on a continuous intraspinal infusion and successful pain relief has been established for 24 – 48 hours and the patient's condition warrants, the patient may be transferred to Complex Continuing Care- Palliative Care, Western Campus; or in the community under the established care of a service provider.
7. At WRH, the Oncology and Palliative Care R.N. who has successfully completed the WRH educational program for intraspinal analgesia and deems themselves qualified may:
  - monitor, adjust the intraspinal infusion rates based on physician orders
  - add successive infusion cassettes/bags with local anesthetic agents / opioids,
  - perform dressing changes as required on intraspinal catheter sites
  - remove intraspinal catheters (non tunneled)In the community, the R.N. may perform the same procedures following completion of their established designated educational program.
8. No other medications are to be injected via the intraspinal catheter by nursing staff.
9. The WRH Epidural/ Intrathecal Flow sheet will be used for documentation.
10. ALL DEVICES AND TUBING MUST BE LABELLED AS "INTRASPINAL –DO NOT INJECT- ALL PORTS MUST BE TAPED TO PREVENT ACCIDENTAL USAGE.

	Definition	Designated Areas	Who may administer
Epidural route	involves the placement of the catheter between the dura mater and the vertebral arch – the infusion is more diluted than via intrathecal route (hourly rate is higher than intrathecal)	Oncology, Palliative Unit – Western, Community Agencies	Not Applicable
Intrathecal route	refers to the placement of the catheter into the subarachnoid space between the spinal cord and the dura mater – the infusion is more concentrated than via epidural (hourly rate volume is less than epidural route)	Oncology, Palliative Unit – Western, Community Agencies	Not Applicable
Continuous Infusion	Delivery of medication at a constant rate using an infusion device - is a dilute solution of opioids and/or an anesthetic agent	Oncology, Palliative Unit – Western, Community Agencies	RNs on order of MD
Top Up <i>via Syringe</i>	Injection of medication bolus at timed intervals or on prn basis for break through pain – is more concentrated drug solution administered	Oncology	Anesthesiology ONLY
Intermittent /PCA Bolus via Infusion Device	Injection of infusion solution as a bolus but administered via the infusion device for break through pain (local anesthetic and/or opioids).	Oncology, Palliative Unit – Western, Community Agencies	RNs on order of MD Family/Patient
Tunneled Catheter	Is catheter that is tunneled under the skin to exit onto the patient's abdomen or attached to a subcutaneous reservoir/port under the skin. It is often used long term.	Oncology, Palliative Unit – Western, Community Agencies	Not Applicable
Short Term Intraspinal Catheter	catheter used for short term pain management. It exits the spinal column and is run up the back and is looped over the shoulder.	Oncology, Palliative Unit – Western, Community Agencies	Not Applicable