Intraspinal Analgesics -
Monitoring Activities for Potential Medication Side Effects

	MONITORING ACTIVITY	MET. CAMPUS 1st 24 HOURS	MET. CAMPUS	WESTERN CAMPUS COMMUNITY	PARAMETERS	POSSIBLE CAUSE	ACTION
NARCOTICS	PRURITIS	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit	If itching of head, neck and face is moderate to severe	Narcotic side effect tend to rise with higher opoid doses and to diminish with long-term use Cutaneous reaction	Notify Anesthesiology if itching is moderate to severe. Cool packs May require Benadryl or Narcan
	URINARY RETENTION	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit	If unable to void. Patient complains of incomplete bladder emptying and fullness.	Narcotic effect on spiral nerves leads to relaxed detrussor muscle	Assess for distention. Notify Anesthesiology, may require straight I & O catheterization or foley.
	RESPIRATORY RATE	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit	If less than 8 or less than specified- or change in depth of respirations	Narcotic dose too high. Opoid niave	Decrease rate or stop infusions. Notify Anesthesiology. Have Narcan available however, you do not want to take away the analgesic effect completely, just restore respiration's.
	SEDATION	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit	If sedation score >2	Narcotic dose too high. Opoid niave.	Decrease rate or stop infusions. Notify Anesthesiology.Have Narcan available however, you do not want to take away the analgesic effect completely, just restore respiration's.
	NAUSEA & VOMITING	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit		Narcotic side effect. Suppression of vomiting center inhibitory fibers. Usully exacerbated by movement	May require antiemetic. Notify Anesthesiology. May require decrease in rate if pain continues. May require scopolamine transdermal if N&V related to movement

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LOCAL ANESTHETICS	**NUMBNESS**	Q1h x 4, then Q4h x 24 hours	Q8h and prior to ambulation	Q8h and with each visit	If motor block or OR sensation is higher than specified	Dosage (rate or concentration) higher than necessary for analgesic Catheter displacement Hematoma	Notify Anesthesiology (a decrease in rate will usually resolve numbness in 2 hours) Do not ambulate patient until numbness is resolved.
	BLOOD PRESSURE	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h	If SBP less than 80mmtig or as indicated by physician	Intravascular dryness and fluid shift. Due to blockage of sympatic fibers and decreased fluid volume deficit leading to postural	Notify Anesthesiology. IV fluid replacement often beneficial, however, in the oncology patient, this may not be warranted.
	URINARY RETENTION	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit	If unable to void. Patient complains of incomplete bladder emptying and fullness.	Narcotic effect on spiral nerves leads to relaxed detrussor muscle	Assess for distention. Notify Anesthesiology, may require straight I & O catheterization or foley.
	SKIN BREAKDOWN	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h		Sensory loss to touch may develop with local anesthetics	Instruct patient to reposition self or shift weight. Put patient on turning schedule. If rising level of sensory
OTHER	**PAIN**	Q1h x 4, then Q4h x 24 hours	Q8h	Q8h or with each visit	If pain > 3 on 0-5 scale	Dosage (rate or concentration) too low. Pump malfunction Tubing occlusion	Encourage and check patients use of bolus dose, if ordered, increase rate of bolus breakthrough Check pump and tubing Notify Anesthesiology