



**Inpatient Pain Service
Prescription Form**

Patient Label

Name: _____
 NHI: _____ DOB: _____
 Address: _____

- Continuous Infusion Epidural Analgesia (CIEA)**
 Patient Controlled Epidural Analgesia (PCEA)

Indication for Epidural: _____
 Drug Allergy: _____

Epidural Sited _____ Epidural Depth _____ Catheter at skin _____ cm

PRESCRIPTION

	Sign/Date	Print Name	Pager
<input type="checkbox"/> Ropivacaine 2mg/ml with Fentanyl 2 mcg/ml in 200ml Polybag			
<input type="checkbox"/> Ropivacaine 2mg/ml 200ml Polybag			
<input type="checkbox"/> Bupivacaine 1.25mg/ml with Fentanyl 2 mcg/ml in 200ml Polybag			

OR: Prepare Infusion in Sterile Manner as follows:

Name:	mg:	Volume:	
Drug 1 _____	_____	_____ ml	} Sign/Date/Print name/Pager: _____ _____ _____
Drug 2 _____	_____	_____ ml	
Drug 3 _____	_____	_____ ml	
Sodium Chloride _____	(0.9%)	_____ ml	
	FINAL VOLUME	_____ ml	

CIEA PROGRAMME SETTINGS

DATE _____ TIME _____	DATE _____ TIME _____	DATE _____ TIME _____
Infuse at _____ - _____ ml/hr	Infuse at _____ - _____ ml/hr	Infuse at _____ - _____ ml/hr
Commencing at _____ ml/hr	Commencing at _____ ml/hr	Commencing at _____ ml/hr
Sign/Print Name/Pager: _____	Sign/Print Name/Pager: _____	Sign/Print Name/Pager: _____

STANDING ORDERS

Naloxone 0.04 - 0.4 mg IV prn for management of respiratory depression or distressing itch. (For specific doses see overleaf)
 Signature: _____ Date: _____

EPIDURAL BOLUS DOSE PRESCRIPTION (to be considered if pain score >3 at rest or >5 on movement)

Epidural infusion mix _____ ml Frequency: _____ Sign / Date / Print name: _____
 OR Drug: _____ Dose: _____ Frequency: _____

PCEA PROGRAMME SETTINGS

Dose	Delay	Basal	Hrly limit	Date/Sign	Print Name/Pager

ACCEPTABLE PHYSIOLOGICAL PARAMETERS

Sedation: _____ Easily rousable _____ Systolic B/P: ≥ _____ mmHg
 Respiratory rate: ≥ 10/min _____ Pulse: ≥ 50/min _____
 Oxygen saturation: > _____ %. (If below acceptable parameter administer O₂ as prescribed on prescription chart.)

Pain Score: ≤ 4/10 at rest or ≤ 6/10 on movement
 If sedation score 3 (difficult to rouse, deeply sedated), respirations < 10/min, persisting pain score > 4 at rest or > 6 on movement/coughing, then refer to Management of Complications. Contact Pain Service if indicated, Page 20439. If unavailable page Duty Anaesthetist 20783.

E P I D U R A L A N A L G E S I A

MONITORING REQUIREMENTS

Sedation Score, respiratory rate, blood pressure, pulse, SpO₂, pain score, temperature, sensory and motor block to be documented on observation chart.

- 1/2 hrly for 4 hours (BP, P, RR, SpO₂)
- 1 hrly for 4 hours (Sedation & pain score)
- 2 hrly for 12 hours (all of the above) if stable 4 hrly from then on

MOTOR BLOCK SCALE

- 0 = able to move / lift legs freely
- 1 = unable to lift legs off bed / bend knees
- 2 = unable to bend knees / can move ankles and toes
- 3 = unable to move legs

BOLUS DOSE / TOP UP

Opioid only: BP, P, RR, SpO₂, Sedation q 15 min for q 1 hr

Local Anaesthetic +/- opioid: BP, P, RR, SpO₂, Sedation q 5 min for 20 mins the q 15 min for the remaining hour.

MANAGEMENT OF COMPLICATIONS

Hypotension: Consider bleeding, inadequate fluid management, or sympathetic blockade. If systolic below acceptable physiological parameters, stop epidural, contact Pain Service Duty Anaesthetist, elevate foot of bed, administer O₂.

Weakness of Limbs: Consider catheter migration (rare), placement of catheter and infusion rate. Some degree of motor blockade may occur, however an epidural should not cause PARALYSIS. Stop epidural, call for help **immediately**. Maintain strict pressure area cares.

Unrelieved Pain: If pain score > 4/10 at rest or > 6/10 on movement call Pain Service Anaesthetist.

Distressing Itch: Give 40mcg Naloxone IV Q30 min prn maximum of 120mcg IV in 3 hours.

Respiratory depression: Follow modified chart below. REMEMBER stimulation and encouragement to breathe may be all that is required for mild cases - for severe depression artificial ventilation may be required. Consider ABG.

LEVEL OF CONSCIOUSNESS

		Alert / Easy to Rouse			Difficult to Rouse		Unrousable
		8 - 10	5 - 7	< 5	> 6	≤ 6	ANY
RESP RATE							
Ensure Clear Airway (Consider Recovery position)		√	√	√	√	√	√
* Stop continuous opioid			√	√	√	√	√
No further boluses until within prescribed parameters			√	√	√	√	√
M O N I T O R	Sedation	Q 1hr	Q 30min	Q 15min	Q 15min	Q 5min	Q 5min
	Resp Rate						
	HR, BP	Q 4hr	Q 2hr	Q 1hr	Q 15min	Q 5min	Q 5min
	Pain Score	Q 4hr	Q 2hr	Q 2hr	Q 1hr	Q 1hr	-
	Oximetry	Q 4hr	Continuous	Continuous	Continuous	Continuous	Continuous
Oxygen Therapy		If SpO ₂ <94	SpO ₂ <94	Continuous	Continuous	Continuous	Continuous
CALL	APS/Anaesthetist		√	√	√	√	√
	ICU					√ (777 if indicated)	√
Naloxone (NARCAN)	Titration*			√	√		
	RESCUE*					√	√

* **NALOXONE:** Rescue: Give 0.2mg Naloxone (NARCAN) IV stat and repeat after 2 minutes if indicated.

Titration: Make up 0.4mg of Naloxone (NARCAN) in 10 ml with saline. Give 1 ml (0.04mg) every 2 minutes until patient is easy to rouse with a Respiratory rate ≥ 5/min.

NB Remember short half-life of Naloxone. Treatment may need repeating. No opioid to be given within 1 hour of Naloxone except by attending doctor.

