

# **Acute Pain Epidural Insertion Clinical Guideline**

**V3.0**

**July 2019**

## **1. Aim/Purpose of this Guideline**

1.1. The purpose of this guideline is to provide a framework detailing the minimum standards required for the insertion of an epidural at the Royal Cornwall Hospital.

1.2. This version supersedes any previous versions of this document.

### **1.3. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## **2. The Guidance**

## ESSENTIAL CRITERIA REQUIRED

- Appropriate aseptic environment
- Appropriate aseptic technique and kit
- Correct epidural specific connections
- Epidural specific pump for infusion delivery
- Sterile infusions appropriately prescribed
- Appropriate ward setting with adequately trained staff to ensure safe monitoring and treatment (eg resuscitation).

### Absolute Contra indications

Patient Refusal  
Clotting abnormalities  
Infection at site of catheter insertion  
Severe sepsis  
Raised Intracranial pressure  
Therapeutic anticoagulation  
Allergy to Local Anaesthetics  
Allergy to other commonly used drugs  
Lack of appropriately trained medical and nursing staff

### Monitoring Requirements

Blood pressure  
Pulse  
Oxygen Saturation  
Respiratory Rate  
Motor power (Bromage)  
Sensation  
Sedation  
Pain Score

### Principles of monitoring

Higher frequency in:  
1<sup>st</sup> 12 hours  
Post top up/bolus  
After rate change  $\geq 2\text{ml/hr}$   
If CVS or RS instability

### Bromage Scale

1. free movement legs and feet
2. Just able to flex knees and free movement feet
3. Unable to flex knees but free movement of feet
4. Unable to move

### Patient Inclusion Criteria

Major upper and lower abdominal surgery (GI, urology, gynaecology)  
Vascular surgery: EVAR, bypass and amputation  
Orthopaedic surgery and selected trauma  
Enhanced recovery Patients  
Pain Management of acute and

### Insertion Criteria

Suitably experienced anaesthetist  
IV access  
Sterile approach (full scrub, facemask, gown and gloves)  
Appropriate kit with LOR syringe  
Well positioned patient – able to respond to stimuli if possible  
Allow 0.5% Chlorhexidine to dry prior to skin penetration  
LOR with saline or air  
Catheter within space between 2-6 cm at appropriate level for surgery  
Secure skin Fixation - good visibility of catheter  
Labelled catheter  
Filter at proximal end of catheter  
Specific giving set and pump  
Appropriate prescription of infusion/attach label  
Appropriate instructions for treatment of hypotension (250ml colloid)

### Documentation

Details of insertion (anaesthetic chart)  
Audit sheet for follow up by pain nurses  
And removal date

### Relative Contra indications

Patients unable to contribute to epidural assessment  
Prophylactic low dose heparin (timing of last dose)  
Spinal deformity  
Immuno-compromised patient

### Current Infusions Available

0.125% bupivacaine with fentanyl – 2 or 4mcg/ml (250ml bags)  
0.167% bupivacaine plain

### Potential complications

Hypotension  
Respiratory depression  
Motor block  
Urinary retention  
Pruritis  
Pressure sores  
infection  
LA toxicity  
Dural tap/headache  
Haematoma  
Spinal cord ischaemia

### Associated algorithms

Epidural trouble shooting  
Leg weakness post epidural  
LA toxicity treatment  
Hypotension treatment  
Epidural haematoma  
PONV

### 3. Monitoring compliance and effectiveness

Element to be monitored	Adherence to RCHT guidelines
Lead	Pain service
Tool	Regular audit of the pain service is undertaken along with daily review of complicated cases.
Frequency	See Above
Reporting arrangements	The committee reviewing the cases will be the anaesthesia service. Cases will be discussed at audit meetings and the details will be recorded in the minutes.
Acting on recommendations and Lead(s)	See Above
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

### 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

#### 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Acute Pain Epidural Insertion Clinical Guideline V3.0		
<b>Date Issued/Approved:</b>	June 2019		
<b>Date Valid From:</b>	July 2019		
<b>Date Valid To:</b>	July 2022		
<b>Directorate / Department responsible (author/owner):</b>	Acute Pain Team Lead Clinician Dr Nick Marshall		
<b>Contact details:</b>	01872 258195		
<b>Brief summary of contents</b>	Epidural Insertion Guidelines		
<b>Suggested Keywords:</b>	Epidural, Pain relief		
<b>Target Audience</b>	RCHT	CFT	KCCG
	✓		
<b>Executive Director responsible for Policy:</b>	Medical Director		
<b>Date revised:</b>	24 June 2019		
<b>This document replaces (exact title of previous version):</b>	Clinical Guideline for Epidural Insertion V2.0		
<b>Approval route (names of committees)/consultation:</b>	User email (anaesthetic consultants) Pain governance meeting		
<b>Care Group General Manager confirming approval processes</b>	Roberta Fuller		
<b>Name and Post Title of additional signatories</b>	Not Required		
<b>Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings</b>	{Original Copy Signed}		
	Name: Matthew Body		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only

<b>Document Library Folder/Sub Folder</b>	Clinical/Anaesthetics
<b>Links to key external standards</b>	Not required
<b>Related Documents:</b>	AAGBI, RCOA, British Pain society
<b>Training Need Identified?</b>	No – Anaesthetists are trained to insert epidurals

### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
1 May 11	V1.0	Initial Issue	Dr Anne Dingwall
1 Feb 16	V2.0	Updated to new RCHT template	Dr Nick Marshall Consultant Anaesthetist
24 June 2019	V3.0	Updated to new RCHT template	Dr Nick Marshall Consultant Anaesthetist

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**  
**This document is only valid on the day of printing**

#### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy /proposal / service function to be assessed						
<b>Acute Pain Epidural Insertion Clinical Guideline V3.0</b>						
Directorate and service area: Anaesthetics			New or existing document: Existing			
Name of individual completing assessment: Dr N Marshall			Telephone: 01872 258195			
1. Policy Aim*  <i>Who is the strategy / policy / proposal / service function aimed at?</i>		The purpose of this guideline is to provide a framework detailing the minimum standards required for the insertion of an epidural at the Royal Cornwall Hospital				
2. Policy Objectives*		To provide information for the appropriate and safe insertion of epidural catheters				
3. Policy – intended Outcomes*		Safe and effective insertion of epidural catheters				
4. *How will you measure the outcome?		Monitoring through audit and case discussion at governance meetings.				
5. Who is intended to benefit from the policy?		Patients receiving epidural anaesthesia				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		x				
b). Please identify the groups who have been consulted about this procedure.		<b>Author and Clinical Lead for Anaesthetics</b>				
What was the outcome of the consultation?		<b>Acceptance of guideline</b>				

## 7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		<b>X</b>		
<b>Sex</b> (male, female, trans-gender / gender reassignment)		<b>X</b>		
<b>Race / Ethnic communities /groups</b>		<b>X</b>		
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>X</b>		
<b>Religion / other beliefs</b>		<b>X</b>		
<b>Marriage and Civil partnership</b>		<b>X</b>		
<b>Pregnancy and maternity</b>		<b>X</b>		
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>X</b>		

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.

**Yes**

**No**

**x**

9. If you are **not** recommending a Full Impact assessment please explain why.

Not Indicated



Date of completion and submission	June 2019	Members approving screening assessment	Policy Review Group (PRG) <b>APPROVED</b>
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**This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.**

A summary of the results will be published on the Trust's web site.