

Epidural Blocks

Tips for Nurses

Overview

Epidurals are placed either in the thoracic or lumbar region of the spine for post op pain management. An epidural catheter is left in the epidural space which surrounds the spinal meninges and is not in the spinal cord. They are left in the epidural space between 2 to 7 days

Things to Consider

AMBULATION: *Patients with Epidurals should be allowed to ambulate. An epidural is **NOT** a contraindication to early ambulation! **Please ambulate your Epidural patients early and often.***

- Often epidurals are placed is so patients can ambulate soon after their surgeries
- Continuous infusions through epidurals **DO NOT** usually cause a motor block; however, patients with Lumbar epidurals may experience slight weakness in the legs.
- **Note:** Be aware of this when you ambulate your patients.

FOLEY CATHETERS:

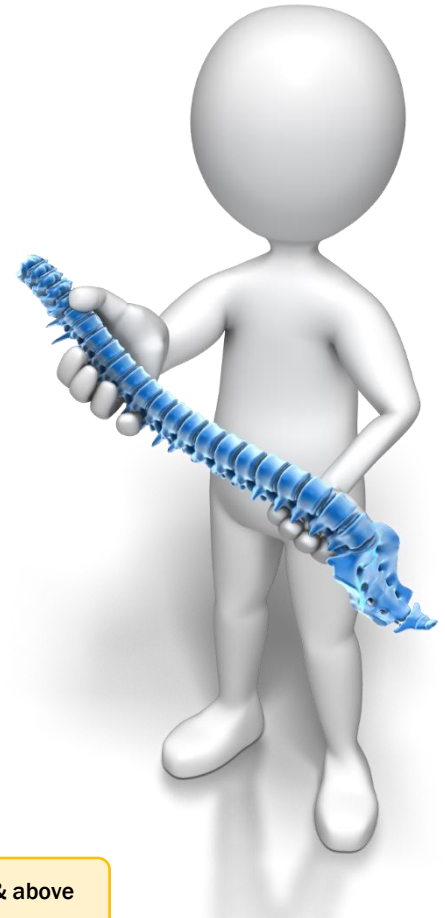
NEED foley catheters- Epidurals below T10

DO NOT NEED foleys Epidurals T10 & above

- Can remove foley cath 12-24 hours after epidural has been pulled or stopped
- **Note:** Foley may stay longer at discretion of the anesthesiologist. *Be sure to check the need for the catheter daily to help prevent CAUTI.*

ANTI-COAGULANTS:

- **Lovenox** once daily should be stopped 12 hours before epidurals are pulled and held 24 hours for BID Lovenox.
- **Heparin** should be stopped 4 hours before they are pulled.
- All anticoagulants can be resumed 2-4 hours after they are pulled except Lovenox ordered BID.



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Nurse Assessment & Documentation



- **INSERTION SITE:** Check the site of insertion (being very careful not to disturb the placement of the PN catheter) and document any drainage, redness, pain, swelling.
- **PAIN LEVEL:** Assess patient's pain level each time you assess the OnQ Pain Ball, insertion site and perform neurovascular checks
- **VASCULAR CHECKS:** Perform neurovascular checks at least every 4 hours. Document pulse including pulse presence, pulse quality, and rate. If unable to find pulse in affected extremity, immediately Doppler the pulse. If unable to Doppler the pulse contact the physician immediately. Assess warmth of extremity with PNB, skin color (red, pale, etc...), and capillary refill. Assess swelling to extremity. Always check opposite extremity for comparison and document.
- **NEURO CHECKS:** For the neuro checks assess strength tests in feet (pushes/pulls) or hands (grip strength). Always test bilaterally and document. Check for sensation presence by using ice as detailed below on how to test an epidural block.

Testing an Epidural

- Epidurals can be tested for a "level" by placing ice over different regions of the abdomen or legs and asking the patient when they can feel the cold sensation.
- Epidural medicine can spread to encompass multiple dermatome levels giving a good "level." The level should encompass the surgical area.

Things to Look For

- **HYPOTENSION:** Epidurals can cause a drop in blood pressure. They can get orthostatic hypotension when getting up from a sitting position. Look for dizziness, light-headedness, check vitals, call the APMS service if **hypotensive with MAP <60**.
- **HEADACHES:** Post dural headaches can occur 12-48 hours after a dural puncture. Look for frontal headache, photophobia, wanting to lay down flat, and sitting up makes headache worse.
- **ITCHING:** Fentanyl in epidurals can cause itching. **Zofran works best** for this followed by Benadryl. Look for abdominal and thoracic itching. The patient will tell you.
- **FEVERS & SEVERE BACK PAIN:** Epidural hematomas (sudden in onset) or epidural abscess (subacute in onset) can be devastating. *** Look for severe pain in the back or lower extremities, worsening weakness, decreased sphincter tone, and/or high fever (epidural abscess) **THIS IS AN EMERGENCY! *****
- **Do not hesitate to call the Regional Anesthesia team**

