1. ALLERGIES/REACTIONS:

2. INITIATION:
   Preload: □ 500 mL Lactated Ringers □ 1000 mL Lactated Ringers □ mL Lactated Ringers/Norma Saline

   [a] Epidural Solutions:
   □ Fentanyl (2 mcg/mL) + Bupivacaine 1.2 mg/mL (0.125% final concentration) in 100 mL normal saline
   □ Bupivacaine 1.2 mg/mL (0.125%) ONLY
   □ Fentanyl (2 mcg/mL) + Bupivacaine 0.6 mg/mL (0.0625% final concentration) in 100 mL normal saline
   □ Bupivacaine 0.6 mg/mL (0.0625%) ONLY
   □ Other:

   Continuous Epidural Infusion: Start epidural at mL/hr by epidural pump ONLY.

   [b] Intrathecal Injection: Time: Medications:

3. MONITORING:
   [a] Respiratory Rate, Sedation, Block Level: Check every hour until discontinued.
   [b] Blood Pressure and Heart Rate: Check after initial placement and after boluses, every 3 minutes for 15 minutes, then every 15 minutes for 30 minutes. If BP stable, check every 30 minutes until discontinued.
   [c] Pulse Oximetry: Monitor continuously for 20 minutes after initial placement and after boluses, then every 30 minutes.

4. MAINTENANCE:
   [a] Maintain IV access. Strict bedrest unless opioid-only neuralaxial block, then may ambulate as needed.
   [b] Systolic BP less than 100 mmHg: Repeat BP measurement until BP greater than 100 mmHg. Ensure “left uterine displacement”, consider O2 face mask at 10 liters/minute, and give Lactated Ringers 300 mL bolus. If BP less than 100 mmHg persists after above measures, then notify anesthesiologist/CRNA. Give 5-10 mg ephedrine IV (1-2 mL of ephedrine diluted 50 mg/10 mL).
   [c] Increasing Sedation and/or Respiratory Rate less than 8 breaths/minute: Stop infusion. Give O2 (ambu bag if necessary), check pulse oximetry, give naloxone (Narcan) 0.1 mg IV STAT with 10 mL normal saline flush (may repeat times 3, every 3 minutes). Discontinue epidural infusion and notify on-call anesthesiologist/CRNA.

5. DISCONTINUATION OF EPIDURAL CATHETER:
   [a] Epidural catheter will be discontinued after delivery.
   [b] Discontinue monitoring and IV access two hours after delivery if stable.
   [c] May resume full oral intake when block level is T10 or below.
   [d] May start narcotic pain medication at the onset of pain.

6. TREATMENT OF COMPLICATIONS:
   [a] Opioid-related Side Effects: After Delivery:
   □ Ondansetron 4 mg IV for nausea.
   □ Diphenhydramine 25 – 50 mg IV/PO for itching.
   □ Urinary Retention: Consult with Obstetrician/CNM. In-and-out Catheterization.

7. NOTIFY YOUR ON-CALL ANESTHESIOLOGIST/CRNA FOR:
   [a] Persistent systolic blood pressure less than 100 mmHg for more than 5 minutes
   [b] Inadequate labor pain control.
   [c] Increasing sedation or respiratory rate less than 10 breaths/minute.
   [d] Block level T6 or above.
   [e] Excessive Sedation: Stop infusion. Treat as above (5-d). Reassess.
   [f] O2 Saturation < 90% sustained: Increase Oxygen.
   [g] Motor/Sensory Deficits (ie, Unable to move legs, excessive numbness of one or both legs): Stop infusion.
   [h] Epidural catheter displacement or accidental removal.
   [i] Leakage or inflammation at epidural insertion site.
   [j] Postural headache.

8. EMERGENCY CALL ORDERS:
   [a] For Respiratory Arrest: Call Code 72, CALL ANESTHESIOLOGIST.

Physician/CRNA Signature: ______________________ DATE: ______________ TIME: ______________

Physician’s Order Form -OB: Intrathecal/Epidural Analgesia Orders
Guam Memorial Hospital Authority
FORM #04970 Stock # 9904970