

Quick reference, Epidural Acute Pain Service

For assistance call pediatric acute pain service via locating.
Detailed information in the Pediatric Epidural Analgesia reference module

1- When to call APS

- Pain is not well controlled
- Patient sedation score of 2 = the patient is frequently drowsy even if easy to wake up. He's falling asleep during conversation or quickly after stimuli.
- Patient respiratory rate falls below normal limits (while sleeping and/or awake)
- Patient has an increase requirement in O₂ (while sleeping and/or awake)
- Patient's respiratory status changes (e.g. pulmonary complications)
- Apnea is noticed
- Snoring is noticed

2- When to call APS, Epidural

- LAST symptoms (signs of Local Anesthesia Systemic Toxicity): *Tingling sensation or numbness around the mouth and lips, a metallic taste, a feeling of light-headedness, visual disturbance, muscle twitching, confusion / sedation, agitation / restlessness. LAST may progress to seizures, coma, cardiac arrhythmia, and cardio respiratory arrest.*
- Epidural catheter disconnection or partial disconnection
- Increase motor block
- New paresthesia
- Leakage of clear liquid is often normal especially with babies:
 - Remember to reinforce dressing with semi-permeable transparent dressing
 - Call APS if pain is not well controlled
- Patient has new onset of fever and/or septicemia is suspected
- Acute pain at the epidural site
- Block is too high; numbness to fourth and fifth finger, hand weakness
- Bradycardia
- Redness and/or induration at the epidural site

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- Epidural solution almost empty

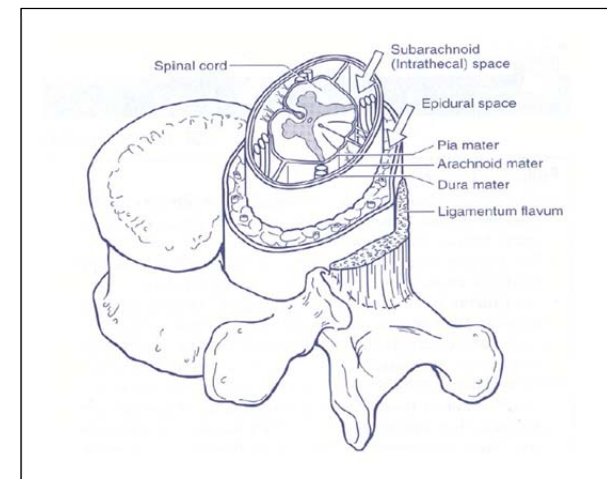
3- Mobilization epidurals

- Thoracic epidural; may walk always accompanied
- Lumbar epidural may get out of bed with support.
- Infants and neonates, may go in parents arms

4- Set up verification

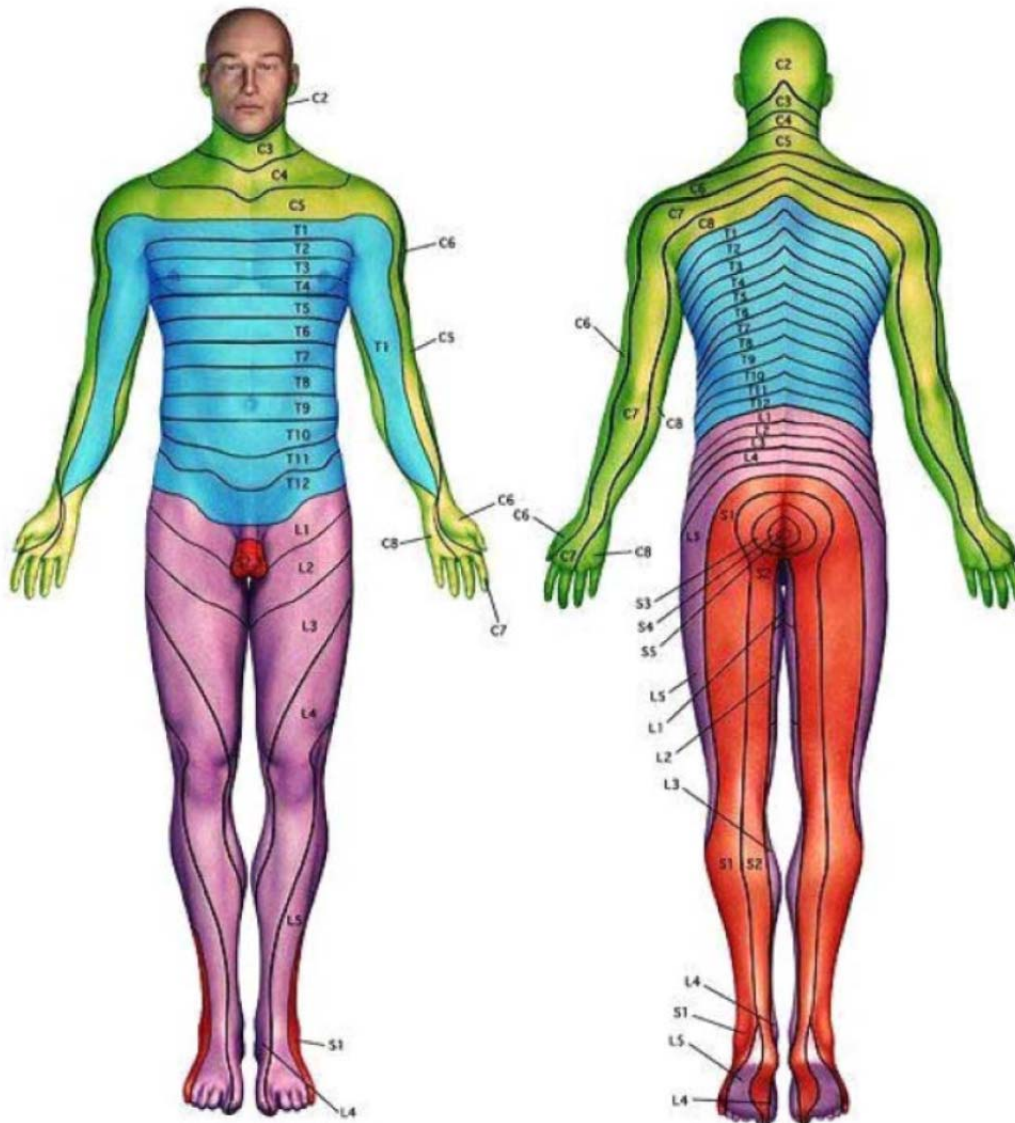
- Yellow stripe tubing
- Dressing is secure
- Catheter well connected and secure
- Yellow screen on CADD solis / yellow lockbox
- Good programming
- Good epidural solution
- Solution expiration date
- Reservoir volume
- Battery charge
- Pump running

Anatomy of epidural space



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Epidural dermatomes;

When assessing the efficacy of an epidural block, the extension of the sensory block will be tested by verifying the loss of sensation (pain, temperature) in the segmental distribution of dermatome.

Use ice and determine the segments of lost of themal sensation. Test from up to down, and down to up on right and left side.

Then determine the zone of the block, e.g. umbilical area; T8 to T10. This information is useful when calling APS for pain not well controlled.