

# Epidural Troubleshooting Checklist

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# Epidural Troubleshooting Checklist

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## BACKGROUND / SIGNIFICANCE

- Percentage of women who receive epidurals during labor
- Lack of communication between RNs and Anesthesia
- No established protocol for epidural care of the laboring patient
- RN lead initiative for a policy regarding care of the laboring patient with continuous epidural pain management
- Create a check list to assist RNs with managing patients with epidural
- Reduce calls to anesthesia/ increase RN independence for management of epidurals
- Improve overall patient experience and pain management

## PURPOSE

- To determine a department policy for RN's to improve the use of epidural analgesia in laboring patients in collaboration with anesthesia.
- **PICO** - For RNs monitoring an epidural in laboring women, does the use of a troubleshooting checklist improve the RN's management of the epidural without additional intervention from anesthesia staff when compared with not using a troubleshooting checklist?

## EVIDENCE

- The use of Patient Controlled Epidural Analgesia (PCEA) as a more effective and satisfactory method of controlling analgesia for the laboring woman with an epidural in comparison to bolus epidural analgesia. Use of a PCEA results in:
  - lower pain scores
  - shorter duration of labor
  - feeling of greater autonomy, participation and control from the perspective of the patient (Marjic & Bukovic, 2013).
- Management of Epidural analgesia should coincide with labor support behaviors from the nurse including emotional and physical support, instruction/information and advocating for the patients needs during labor.
  - examples include repositioning, temperature regulation, encouragement and rest promotion (Bianchi & Adams, 2009).
- Nurses often lack the appropriate knowledge base and skill set to effectively manage patients with epidural infusions
  - side effects of pain medication
  - monitoring motor and sensory blockades
  - properly documenting and communicating pain assessment (Bird & Wallis, 2002).

## PROCESS / IMPLEMENTATION

- Create a troubleshooting checklist

**Epidural Troubleshooting Checklist:**  
Patient having breakthrough pain? Did you do the following?

\*\*Determine if the patient is feeling pain or if she is feeling pressure. Pressure is a sign the patient is progressing and should be assessed by the OBGYN. If the patient is in pain proceed through the checklist\*\*

- Check the pump/tubing for issues or closed clamps
- Make sure the catheter is looped to avoid tension on the line
- Reposition the patient
- Empty the patients bladder
- Try guided-imagery, distraction or other non pharmaceutical relaxation techniques
- Educate/reiterate the difference between pressure and pain
- When was the patients last cervical exam?
- Did the patient utilize the PCEA button? If so, how often and for how long?

If you completed all of the above, and the patient is still experiencing breakthrough pain - CALL ANESTHESIA

- Disseminate an educational tool for the RN staff on the unit regarding epidural management
- Monitor frequency in which Anesthesia staff is called – determining if checklist was implemented prior to contact

## OUTCOMES / RESULTS

- Unit discussion shows a disconnect between Anesthesia and RN staff
  - What knowledge base exists and what needs to be further developed?
- Improved communication between Anesthesia (Physicians and CRNA's) regarding expectations
- Patient education throughout the laboring process especially as it pertains to pain management with an epidural (pre, intra and post epidural placement)
- Improved patient satisfaction with pain relief during labor

## NEXT STEPS / LESSONS LEARNED / DISSEMINATION

- Incorporate management in disseminating information and research goals to the unit, specifically RN's
- Improve multidisciplinary communication
- Continue to address/update epidural checklist on the unit in order to create a unit wide policy

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