**LABOR AND DELIVERY EPIDURAL ORDERS - CHC**

**PRE-EPIDURAL PERIOD**

1. **Vital Signs:** Baseline blood pressure and heart rate and oxygen saturation recorded

2. **Nursing:**
   - Evaluation of the patient, her progress in labor and the status of the fetus will be performed and documented
   - An order authorizing the epidural from the attending physician will be documented
   - Patient to void prior to procedure
   - OB personnel will assist with positioning the patient and placement of the regional anesthetic

3. **IV Fluid:** bolus with 1000 mL of Lactated Ringers, except if Pregnancy Induced Hypertension exists

4. Family members will be outside the sterile field

**INTRA-EPIDURAL PERIOD**

1. **Vital Signs:**
   - After fluid bolus is infused, blood pressure, pulse, respiratory rate and oxygen saturation will be recorded on the flow sheet every 3 minutes x 5, every 5 minutes x 3, then every 15 minutes until epidural is terminated
   - After epidural infusion is started, check/record cold levels every 30 minutes x 3, then every 4 hours and PRN

2. **Activity:** Bedrest during epidural infusion

3. **Nursing:**
   - Insert Foley catheter or straight catheter every 4 hours and PRN to maintain empty bladder
   - Oxygen Saturation less than 92% initiate Oxygen 10 liters/minute by mask

4. **IV Fluids:** Lactated Ringers at 150 mL/hour will be infusing unless Pregnancy Induced Hypertension exists

5. **Treatment of Hypotension:** Systolic BP below _______ mmHg  Diastolic BP below _______ mmHg
   - Call Anesthesia Provider for BP indications above
   - Turn patient to left side
   - Bolus with 500 ml Lactated Ringers
   - Oxygen 10 liters/minute by mask
   - Give Ephedrine 5 mg IV

6. **CALL ANESTHESIA PROVIDER FOR:**
   - Fetal or Maternal distress
   - Maternal pulse rate greater than 120/minute
   - Respiration less than 12/minute
   - Itching
   - Numbness in the arms, hands, or perioral
   - Ringing in patient’s ears
   - Convulsions
   - Cold level less than Thoracic-12 or above Thoracic-6

**POST-EPIDURAL PERIOD**

1. Full range of motion and sensation return to patient’s base line level

2. Discontinue epidural infusion after delivery and/or repair

3. Epidural catheter to be removed before patient is discharged and band-aid applied

4. R.N. will document that epidural catheter was removed intact

5. **Do Not Use Excessive Force** to remove catheter. Call anesthesia provider for any difficulty

6. May transfer to Post Partum with resolution of the epidural block as manifested by a Bromage score of 6 (i.e. patient is able to perform a partial knee bend while standing)

7. Assist patient to the bathroom for the first void and PRN

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