**TREATMENT PROTOCOL – ANESTHESIA LABOR EPIDURAL (CSJ)**

1. Order to initiate protocol was **previously given** by a Licensed Independent Practitioner and signed on a separate Orders page unless box below is checked.
   - Initiate PDP – Labor Epidural Analgesia – checkmark here requires physician signature, date, time on bottom of page

2. Start IV in labor and delivery room, unless already done, and provide fluid preload per OB anesthesia preference list (a checkmark in the box indicates the preferred fluid preload):
   - Lactated Ringers 500 mL IV bolus once, rapid infusion within 60 minutes prior to procedure
   - Lactated Ringers 1000 mL IV bolus once, rapid infusion within 60 minutes prior to procedure
   Maintain intravenous access at all times while epidural is in place

3. Initiate complete NPO if C/S becomes probable/imminent on laboring patient, i.e. Category II or III fetal heart rate tracing, failure to progress. Go to OR regardless of NPO status.

4. Institution and changes of the epidural infusion are done by the anesthesiologist.

5. Check and record BP and heart rate prior to block and then: every 3 minutes x 5; every 5 minutes x 3; then every 15 minutes for remainder of labor

6. Have the Epidural pump available at bedside

7. Have the following medication available at bedside per OB anesthesia preference list (a checkmark in the box indicates the preferred medications):
   - Fentanyl 100 micrograms/2 mL vial
   - Citric acid-sodium citrate (BICITRA) 30 mL vial
   - Pharmacy premixed Epidural Solution: (Sodium Chloride 0.9% /Bupivacaine 1 mg/mL/Fentanyl 2 micrograms/mL)
   - ePHEDrine 50 mg injection

8. Call anesthesiologist if SBP drops below 100 mmHg systolic or 30% below baseline SBP, whichever is lower
   - NOTIFICATION PHYSICIAN if no improvement

9. If patient has any respiratory difficulty, mental status changes, or pronounced leg weakness, turn off infusion and call anesthesiologist **STAT**
   - Start O₂ at 10 L/minute by mask

10. Check sensory function every 30 minutes x 3 after infusion has started. Check at T4 (nipple line) with cold swab. If numbness reaches this level, notify anesthesiologist.

11. Foley PRN

12. Remove epidural catheter after delivery of placenta and prior to patient leaving the unit, unless anesthesiologist orders that catheter is to remain in place. If resistance is encountered during removal attempt, abort and notify the anesthesiologist

13. Other:

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**Nurse Signature per physician order:**

<table>
<thead>
<tr>
<th>Nurse Printed Name:</th>
<th>Date Signed:</th>
<th>Time Signed:</th>
</tr>
</thead>
</table>

**Anesthesia Provider Signature if #1 box is checked**

<table>
<thead>
<tr>
<th>Anesthesia Provider Printed Name if #1 box is checked</th>
<th>PATIENT IDENTIFICATION</th>
</tr>
</thead>
</table>

**MEC Approval:** CSJ - 6/26/14

**CHN8225 Expires – 06/2017**

UNLESS NOTED AS PBO (PRESCRIBED BRAND ONLY), A FORMULARY EQUIVALENT MEDICATION MAY BE DISPENSED