



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA EPIDURAL (LABOUR/DELIVERY) ORDER SET

CONSULTS:

- Complete Epidural Consent form on chart
- Complete Pre-Anaesthetic form on chart
- History and physical on chart (can be Ontario Perinatal Record)

DIET: Clear fluids only

LABORATORY: Blood Work – Stat CBC, platelets (PT, PTT, if preeclampsia or hypertension)

LINES/TUBES:

- IV of Lactated Ringers with #18 insyte or larger
- Give bolus of minimum of 500 mL Lactated Ringers, please refer to anesthesiologist preferences for further instructions

Epidural Pump Program:

- bupivacaine 0.125% with fentaNYL 2 microgram per mL
- Continuous Rate (mL per hour): _____ Range (0-20 mL per hour)
- Patient Controlled Epidural Anesthesia (PCEA) Dose (mL): _____ Range (0-10 mL)
- PCEA Lockout Time (minutes): _____ Range (10-30 minutes)

VITALS/MONITORING:

- Vitals and Level of Anesthesia:
Take vital signs for initiation and all top-ups, Q5MIN x 3, then Q15MIN for duration of epidural
Level of anesthesia should be checked and charted Q30MIN (motor strength/sensation/pain relief)
Check fetal heart rate after insertion Q5MIN x 30 minutes and every 15 minutes thereafter (please refer to obstetrician orders for high risk patients)

MEDICATIONS:

- Naloxone 0.1 mg IV Q1MIN PRN for RR less than 8 minute, SpO₂ less than 94%, cyanosis or abnormal drowsiness. Maximum 0.6 mg

If systolic blood pressure less than 100 mmHg and abnormal fetal heart tracing:

- Oxygen (40%) face mask
- Lateral Position (left/right)
- Lactated Ringer's IV 500 mL bolus
- ePHEDrine 5 mg IV Q1MIN PRN if systolic BP less than 90 mmHg (to maximum of 25 mg)
- Stop continuous epidural infusion, and take PCEA button from patient
- Notify Anaesthetist

Other:

- If unable to move legs or if level of decreased sensation is above umbilicus, discontinue epidural infusion and notify anaesthetist
- Remove epidural catheter post delivery

FORM#0DROB001 ISTURC 12/20

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time