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<b>PROCEDURE</b>	<b>Manual:</b> Clinical	<b>Section:</b> Interdisciplinary Clinical	<b>Code No.:</b> I E030	<b>Old Code No.:</b> PROE30, I E30
<b>Title:</b> Epidural Catheters - Removal of			<b>Original Effective Date:</b> Oct 01, 1988	
			<b>Review/Revised Effective Date:</b> Oct 05, 2018	
			<b>Next Review Date:</b> Oct 01, 2021	
<b>Cross Index:</b>	<b>Authoring Committee/Program/Dept:</b> Acute Pain Service, Professional Practice		<b>Approved By:</b> SLT	

**Purpose:**

- To describe how to safely remove an epidural catheter.

**Responsibility:**

- RNs who have completed the Epidural learning package (available through the Educators in the Surgical and Maternal Child Programs).
- Midwives who have completed the Epidural learning package (available through the Educators in the Surgical and Maternal Child Programs).
- Nurse Practitioner Acute Pain Service
- Anesthesiologist

**Equipment:**

- Sterile Bandage
- Cleansing solution- Chlorhexidine Gluconate 2% w/v and Isopropyl Alcohol 70% v/v Solution
- Gloves
- Culture swab (if required for possible infection)
- Sterile specimen container (if required for possible infection)
- Sterile scissors (if required for possible infection)

**Method:**

1. Obtain or confirm physician's order for epidural removal.
2. Confirm if anticoagulant has been given and when last dose was given to patient. Please refer to the [Acute Pain Service \(APS\) order set](#) and [Associated Document](#) before removing epidural with regards to anticoagulant therapy and the **timing of the epidural removal**.
3. Patient may either sit up or lay on their side in a semi-fetal position (catheter removal is facilitated by the spread of the vertebrae).
4. Perform hand hygiene
5. Remove tape and dressing or opsite from entry site.
6. Inspect site for any signs or symptoms of infection such as redness, warmth, tenderness, swelling or purulent drainage at the site, pain at the site, severe or new back pain. **If any concern regarding possible infection:**
  - Notify Anesthesiologist or APS Nurse Practitioner STAT if signs of epidural infection are present and obtain order for culture of insertion site and any other orders. Culture insertion site as ordered.
7. Pull gently on the catheter to remove it from the epidural space. If resistance is

felt, encourage patient to curl more and try again. **DO NOT FORCE**. Certain catheters are very elastic and may break off if undue force is used. Notify Anesthesiologist or Acute Pain Service (APS) Nurse Practitioner if unable to remove catheter.

8. Ensure that the epidural catheter is intact by examining the tip of the epidural catheter and **confirming that there is a black or blue tip on the end of the catheter**.
  - **If possible infection being considered:** Place catheter tip into sterile container as ordered. Cut 5 cm from the tip using sterile scissors. Label specimens (as per [Specimen Labeling](#) procedure) and send to Laboratory.
9. Notify the Anesthesiologist or APS Nurse Practitioner immediately if the epidural catheter appears incomplete for further orders and direction. Do **NOT** dispose of the epidural catheter if it appears to be incomplete until it is examined by the Anesthesiologist.
10. Cleanse site.
11. Apply sterile bandage over the site.

#### Documentation:

- Date
- Time
- Appearance of insertion site
- Appearance of epidural catheter and presence of intact tip or incomplete presence of tip.
- Culture of insertion site and catheter tip in sterile container if done and sent to lab if applicable
- Cleansing of site and Bandage application to site.
- Notification of Anesthesiologist or APS Nurse Practitioner and orders received if applicable.

#### Special Considerations:

An epidural catheter **MUST not be removed** if a patient has had any anticoagulants or antiplatelet medications that are contraindicated with epidurals in place. Please refer to the list of anticoagulant/antiplatelet medications listed as contraindicated with epidurals in place and must not be initiated without the approval of the APS Physician on the [APS Associated Document](#).

**\*Patients receiving anticoagulants/antiplatelets are at risk for an epidural hematoma, a rare complication that can have serious consequences including paraplegia. Please call APS Anesthesiologist or APS NP immediately if a patient with an epidural insitu is on any of the contraindicated anticoagulants/antiplatelets for further orders.**

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