



## **Aneurin Bevan University Health Board**

# **Remifentanyl Patient Controlled Analgesia for Labour Guideline**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## Contents:

<b>Executive Summary</b> .....	<b>2</b>
<b>Scope of guideline</b> .....	<b>2</b>
<b>Essential Implementation criteria</b> .....	<b>2</b>
<b>Aims..</b> .....	<b>2</b>
<b>Scope</b> .....	<b>2</b>
<b>Responsibilities</b> .....	<b>2</b>
<b>Training</b> .....	<b>2</b>
<b>Resources</b> .....	<b>2</b>
<b>Training</b> .....	<b>2</b>
<b>Monitoring and effectiveness</b> .....	<b>2</b>
<b>Appendices</b> .....	<b>3</b>

## **Executive Summary**

This Document is a procedure designed to support safe and effective practice.

## **Scope of Guideline**

This guideline applies to clinicians working within maternity services

## **Essential Implementation criteria**

Auditable standards are stated where applicable

## **Aims**

To provide support for clinical decision making

## **Responsibilities**

Maternity Services

## **Training**

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision

## **Monitoring and Effectiveness**

Via maternity services clinical effectiveness forum

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## **REMIFENTANIL PATIENT CONTROLLED ANALGESIA FOR LABOUR**

### **INTRODUCTION**

Remifentanil has been identified as a safe and effective option of analgesia for use in labour. Acting within 1-2 minutes and suited to patient controlled administration, it offers another analgesia choice for women in labour.

### **INDICATIONS FOR REMIFENTANIL PCA**

Request for analgesia by a woman in established labour.

### **CONTRAINDICATIONS TO REMIFENTANIL PCA**

#### **Absolute:**

- Allergy to opioid drugs
- Other parenteral opioid administration within preceding four hours

#### **Relative:**

- Multiple pregnancy
- Pre-eclampsia

### **CRITERIA FOR USE**

Any woman being offered remifentanil PCA should be in established labour. It is also suitable for women in labour with an intra-uterine death.

Entonox may be used in addition.

SpO<sub>2</sub> monitoring must be established before the woman starts using the PCA and must be monitored continuously while the remifentanil PCA is being used.

A **dedicated** intravenous cannula (22g Blue or 20g Pink) is required.

The PCA must be prescribed and set up by an anaesthetist. The anaesthetist should stay with the woman during the first 30 minutes of remifentanil use to observe for respiratory depression.

If SpO<sub>2</sub> falls below 90%, nasal oxygen should be administered continuously at a rate of 2 litre/min. Low SpO<sub>2</sub> despite nasal oxygen occurs in less than 1% of women and will require discontinuation of the PCA.

A midwife must be assigned to give one to one care. The midwife should have received training in the care of women receiving remifentanyl for labour. A midwife information sheet is available. A remifentanyl observation chart must be completed while the PCA is in use.

PCA can be used during second stage, delivery and as an adjunct to local anaesthesia for the repair of tears and episiotomies.

## **CONSENT**

**Remifentanyl information sheets and observation charts are kept on the epidural trolley, beside the anaesthetic forms.**

The patient should be issued with, and have read, the remifentanyl PCA patient information leaflet.

The woman should be aware that remifentanyl is not licensed for use in labour, but nevertheless is in routine use in many maternity units, and has been used by several hundred women for labour.

The woman should be informed of the possible side-effects including drowsiness, itch, nausea and dizziness.

In particular the woman should be informed that approximately one woman in ten using remifentanyl PCA will experience transient lowered oxygen saturation levels requiring the administration of additional oxygen via nasal specs.

The woman should be shown how to use the PCA and should be told to press the button just before or at the start of a contraction.

## **SETTING UP THE SYRINGE & PUMP**

Make up remifentanyl 4mg in 50ml saline = 80mcg / ml. Insert into an MDU IV PCA pump.

**Turn the key 1 notch to allow programming.**

Confirm new patient.

Select protocol D.

Confirm that protocol D is titled REMIFENTANIL 80mcg / ml. If a non-MDU pump has found its way to MDU, protocol D will be Paeds Morphine. THIS IS NOT THE SAME!! – Find an MDU pump.

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## **OBSERVATIONS**

Remifentanil PCA observation sheet to be completed for all women using Remifentanil.

A sedation score should be recorded every 30 minutes.

Continuous SpO<sub>2</sub> monitoring.

CTG monitoring is not required unless otherwise indicated.

## **INDICATIONS FOR CONTACTING THE ANAESTHETIST**

Sedation score of less than 3 (eyes closed but rousable by voice).

Respiratory rate of less than 8 breaths per minute.

SpO<sub>2</sub> remaining below 90% despite oxygen via nasal specs.

## **POINTS OF SAFETY**

Always use a dedicated cannula.

After the PCA is removed, flush the cannula with 5 ml saline.

Do not give any other drugs via the PCA cannula.

Only the patient is to use the PCA button: the PCA button must not be pressed by midwifery staff or the woman's relatives.