Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Guideline for the Post Operative Management of Women who have received Intrathecal or Epidural Opioid Analgesia for Caesarean Section

Speciality:	Maternity
Approval Body:	Labour Ward Forum
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Date of Review:	15th November 2021

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1.0 Guideline Statement

This guideline is for the post operative management of women who have had intrathecal or epidural morphine/diamorphine at Caesarean Section. The purpose of this guideline is to promote safe and effective practice in caring for these women.

1.1 Scope of Guideline

This guideline applies to Anaesthetic and Midwifery staff responsible for the care of women receiving intrathecal or epidural morphine/diamorphine. This guideline does not apply where standard doses of fentanyl alone are given intrathecally or via epidural.

1.2 Aim

To promote a uniform approach in the management of women receiving intrathecal or epidural opioids across ABM University Health Board.

1.3 Objectives

- To promote safety and minimise risks
- To utilise evidence based practices

2.0 Related ABM UHB Guidelines and Policies

- Policy on Prescribing, Supply, Ordering, Storage, Security, Administration and Disposal of Medicines.
- Refer to former Trust Infection Control Policies
- Secondary Care Policy for the Management of Controlled Drugs

3.0 Risk Management

All incidents involving intrathecal or epidural morphine/diamorphine analgesia, where patients' safety is compromised, must be reported in line with ABM Clinical Incident Policy.

4.0 Guideline Implementation

4.1 Definition of intrathecal morphine/diamorphine

The administration of intrathecal morphine/diamorphine directly via the subarachnoid space of the spinal canal into the cerebrospinal fluid (CSF) administered at the same time as spinal anaesthesia.

Definition of epidural morphine/diamorphine

The administration of morphine/diamorphine into the epidural space via the epidural catheter, administered after the baby is delivered by caesarean section.

4.2 Post Administration management of intrathecal or epidural morphine/diamorphine

- The Anaesthetist must inform the midwife of women who have received intrathecal or epidural morphine/diamorphine and appropriate documentation must be completed. This must include the spinal/epidural opioid sticker.

- This information must be communicated to all staff that are responsible and accountable for the care of the woman following Caesarean section.

- The woman must have an intravenous cannula - situ for the 24 hours following the administration of intrathecal or epidural morphine/diamorphine.

- Women who have received intrathecal or epidural morphine/diamorphine will be visited postoperatively by an Anaesthetist to discuss their level of satisfaction with the analgesia.

Potential side effects of intrathecal or epidural morphine/diamorphine

- Nausea and vomiting
- Urinary retention
- Hypotension
- Potential respiratory depression
- Itching/pruritis

4.3 Designated Clinical Areas

Women must only be returned to an area where staff have received intrathecal or epidural morphine/diamorphine education. Following the administration of intrathecal or epidural opioids, women should not be in single rooms and must return to **the following wards and designated areas only**:

- Central Delivery Suite
- Ward 12, Room D, Princess of Wales Hospital
- Ward 18, Room 9, Singleton Hospital

4.4 Monitoring of women post Caesarean Section with intrathecal or epidural morphine/diamorphine

Immediate Post Operative recovery will be provided by a Midwife on labour ward in one of the designated areas. The woman will receive one to one care for the first two hours postoperatively.

Blood Pressure, Pulse, Respiratory Rate, Pain Score, O2 saturations, sedation score, nausea, motor block assessment and MEW'S (Maternity early warning score) must be recorded and documented.

- Every 5 minutes for first 30 minutes
- Every 30 minutes for next 2 hours
- Hourly for 2 hours
- Four hourly for 24 hours

Postnatal Ward

If after the first 2 and a half hours the woman is well and all observations are within normal limits, arrangements can be made to transfer to the designated observation areas on the postnatal wards (*Ward 12, Room D, Princess of Wales, and Ward 18, Room 9 Singleton)*

4.5 Troubleshooting

Problem	Action
Respiratory rate <10 and sedation 0-1 (AVPU=A-V)	• Consider woman's baseline observations and pre-existing medical conditions • Administer prescribed oxygen therapy via a face mask at 15L • Record observations at least every 5 minutes until respiratory rate is ≥ 12 per minute &/or sedation 0-1(A-V) • Ensure all actions are documented in the nursing / medical notes
Respiratory rate <8 and/or sedation of 2 -3 (AVPU=P-U).	• Seek urgent medical assistance & bleep on-call anaesthetist • Administer oxygen at 15L • Administer Naloxone 100micrograms at 5 minute intervals until sedation score 0-1 (A-V) and respiratory rate >12, up to a maximum of 4 doses (400mcg) • Monitor, assess, document observations every 5mins until respiratory rate ≥ 12 and/or sedation 0-1 (A-V)

Inadequate analgesia Pain score 2-3 (moderate to Severe)	• Assess site of pain • Ensure woman is positioned comfortably • Ensure paracetamol and NSAID, if not contraindicated, have been prescribed and given on a regular basis • Consider Tramadol if prescribed • If analgesia still inadequate seek advice from Anaesthetist
Nausea and Vomiting	• Administer the prescribed anti-emetic on a regular basis for nausea. Do not wait for the woman to vomit.
Hypotension	• Assess likelihood of dehydration, check fluid balance • Check patient's normal B/P • Check for other causes of hypotension such as bleeding • Lie patient down, administer oxygen, **do not tilt the patient head down** • Contact obstetric team and/or Anaesthetist
Itching	• If patient is distressed, administer prescribed Naloxone 50 micrograms intravenous as necessary • Chlorpheniramine (piriton) 4mg orally 6hrly (NB causes drowsiness) • Consider Ondansetron 4mg IV 8 hrly • Consider Propofol 10-40 milligrams IV (anaesthetist to administer only on labour ward)

NB PATIENTS CAN DEVELOP RESPIRATORY DEPRESSION UP TO 18 HOURS AFTER RECEIVING INTRATHECAL OPIOIDS.

5. Monitoring of Compliance to Guideline

The Women & Child Health Directorate in collaboration with the anaesthetic team will audit compliance of this guideline every 6 months.

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Guideline for the Post Operative Management of Women who have received Intrathecal or Epidural Opioid Analgesia for Caesarean Section
Name(s) of Author:	Labour Ward Forum / Anaesthetics Department
Chair of Group or Committee approving submission:	Labour Ward Forum
Brief outline giving reasons for document being submitted for ratification	Update for previous policy (ratified September 2011)
Details of persons included in consultation process:	Labour Ward Forum
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	2
Please list any policies/guidelines this document will supercede:	• Policy ratified September 2011
Date approved by Group:	15th November 2018
Next Review / Guideline Expiry:	15th November 2021
Please indicate key words you wish to be linked to document	Intrathecal, epidural, opioid, analgesia
File Name: Used to locate where file is stores on hard drive	Z:\npt_fs2\Maternity Incidents Stats Etc\Policies\Ratified - Obs