

Allergies: \_\_\_\_\_

**NURSING INTERVENTIONS:**

- LR 500 – 1000 mL IV bolus (per anesthesiologist) to infuse 15 - 20 minutes prior to the beginning of the procedure. If the patient has had large amounts of IV fluid since admission, is pre-eclamptic, or has a cardiac or pulmonary medical condition, discuss bolus volume with anesthesiologist
- Pre-anesthesia lab work per anesthesiologist
- Assist patient into position for the procedure. Hold patient in that position until the catheter is taped in place
- Perform continuous or intermittent fetal heart rate (FHR) monitoring – based on fetal condition, maternal ECG or pulse oximetry, and BP during procedure
- After anesthetic block is administered, position patient as advised by anesthesiologist. Reposition side to side every 30 – 60 minutes. Maintain left or right uterine displacement
- Monitor blood pressure (BP) every 3 minutes X 6, then every 5 minutes X 4, then every 30 minutes until delivery
- FHR: Continuous electronic fetal activity. Continuous tocodynamometer or IUPC. Assure uterine displacement until delivery
- If systolic BP falls below 90 mmHg in a non-pre-eclamptic patient:
  - a. If there are any signs of fetal distress, notify anesthesiologist immediately; give O<sub>2</sub> 10 L per minute by facemask. Assure left uterine displacement
  - b. If no distress, LR 250 mL IV bolus. Continue BPs every 3 minutes
  - c. Elevate legs or place in slight Trendelenburg
  - d. If no response to the above, call anesthesiologist
- Call anesthesiologist if patient complains of pain, difficulty breathing, or upper extremity numbness or weakness.
- During pushing in 2<sup>nd</sup> stage of delivery, do not excessively hyper flex legs and place in neutral position between contractions. Do not leave in stirrups for extended periods of time.
- In a non-emergent situation, the epidural infusion is not to be stopped or manipulated by an OB provider without consulting with the anesthesiologist.
- After delivery, remove epidural catheter unless patient is scheduled for additional procedures (i.e. tubal ligation, has had postpartum bleeding, or per anesthesiologist request). Notify anesthesiologist of any difficulties or if the catheter tip does not appear to be intact.

**MEDICATIONS:** (Check box/ fill in to activate)

bupivacaine 0.1% + fentaNYL 2 mcg/ mL via epidural infusion

**PCEA + Continuous mode:**

Continuous Rate: \_\_\_\_\_ mL/ hour

PCA Dose: \_\_\_\_\_ mL

PCA Lockout: \_\_\_\_\_ minutes

1 Hour Limit: \_\_\_\_\_ mL

**Continuous-only mode (NO PCEA):**

Continuous Rate: \_\_\_\_\_ mL/ hour

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**EPIDURAL LABOR ORDERS**

P0091C (Rev 1010) White – Chart/ Scan to Pharmacy