

Department of Anesthesia

Title:

EPIDURAL/INTRATHECAL NARCOTICS
FOR POST C-SECTION PAIN

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Attachment:

None

POLICY:

Epidural analgesia using local anesthetic agents supplemented by narcotics is an acceptable method for the provision of long and effective post operative analgesia for patients undergoing cesarean section. Also, epidural narcotics including preservative free morphine may provide pain relief for up to 24 hours postoperatively.

PROCEDURE:

A member of the Anesthesia Care Team will review the procedure with patient and inform the patient of the potential risks (eg itching, nausea, vomiting, and urinary retention respiratory depression) preoperatively.

Drugs that may be instilled in the epidural space are:

Preservative-free Morphine Sulfate: 3 to 5 mg (or 0.2 – 0.5 mg for intrathecal injection)

Bupivacaine: 0.0625 – 0.125%, with or without Fentanyl 2 mcg/ml, or

Ropivacaine: 0.1%, with or without Fentanyl 2 mcg/ml

If Epidural PCA is continued in the postpartum period, orders will be written by the anesthesiologist or a member of the anesthesia care team under his/her direction. Orders for “break through” pain are to be written by OB anesthesia on an electronic recording (IPROB).

Epidural PCA is under the supervision of OB anesthesia. The Pain Management team does not follow OB PCA.

Hourly assessment of respiratory rate by nursing staff is necessary for the first 20 hours in addition to routine vital signs.

Patients will be followed by the OB Anesthesia Team until the epidural catheter is removed or until such time as the OB anesthesiologist determines that close observation is no longer necessary (and the patient free of anesthetic complications).

Russell T. Wall, MD
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