Epidural Observations

**Sedation Scores**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Awake / alert</td>
</tr>
<tr>
<td>1</td>
<td>Sleepy / responds appropriately</td>
</tr>
<tr>
<td>2</td>
<td>Somnolent / rousable (light stimuli)</td>
</tr>
<tr>
<td>3</td>
<td>Deep sleep / rousable (deeper physical stimuli)</td>
</tr>
<tr>
<td>4</td>
<td>Unrousable to stimuli</td>
</tr>
</tbody>
</table>

Intervene

Stop infusion / Bleep 0577


**Pressure Area Care**

- **S** = Sitting
- **R** = on Right side
- **L** = on Left side
- **M** = Mobilising
- **F** = on Front
- **B** = on Back

**Nausea & Vomiting**

- 1 None
- 2 Nausea
- 3 Vomited

**Pruritus**

- 1 Slight
- 2 Moderate
- 3 Severe

**Pain Scores**

- 0 No pain
- 1 - 3 Mild pain
- 4 - 7 Moderate pain
- 8 - 10 Severe pain *

**Epidural Site**

- **R** = Red
- **S** = Swelling / Lump
- **L** = Leaking
- **P** = Painful
- **T** = Related Pyrexia

**Bromage Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No intervention required</td>
</tr>
<tr>
<td>1</td>
<td>Observe Hourly</td>
</tr>
<tr>
<td>2</td>
<td>Reduce infusion rate by 0.1ml/kg/hr every 12 hours (Extended role for senior nurses)</td>
</tr>
<tr>
<td>3</td>
<td>Stop infusion &amp; contact Pain Team (Bleep 0577)</td>
</tr>
</tbody>
</table>


**Dermatome Level**

Should be documented:
- In recovery
- At the start of each shift
- If the patient is in pain
- 30 minutes after increasing or decreasing epidural infusion

N.B. Level should not be >T3

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