

Epidural Observations

Sedation Scores

- 0 Awake / alert
- 1 Sleepy / responds appropriately
- 2 Somnolent / rousable (light stimuli)
- 3 Deep sleep / rousable (deeper physical stimuli)

Intervene

- 4 Unrousable to stimuli
- Stop infusion / Bleep 0577**

BJA 88(2): 241-5 (2002)

Pressure Area Care

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

Nausea & Vomiting

- 1 None
- 2 Nausea
- 3 Vomited

Pruritus

- 1 Slight
- 2 Moderate
- 3 Severe

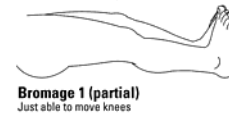
Pain Scores

- 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



- 3 Stop infusion & contact Pain Team (Bleep 0577)**
- 2 Reduce infusion rate by 0.1ml/kg/hr every 12 hours**
(Extended role for senior nurses)
- 1 Observe Hourly**
- 0 No intervention required**
Patient may mobilise with supervision

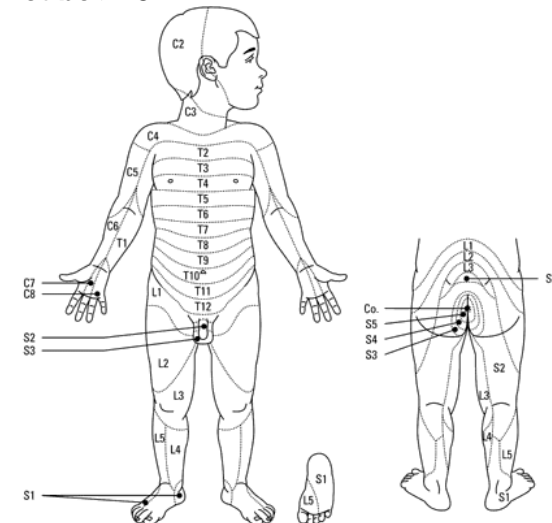
Bromage PR (1978) "Epidural Analgesia" WB Saunders (ed), Philadelphia,

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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