Ashford and St. Peter's Hospitals
NHS Foundation Trust

POLICY FOR THE ADMINISTRATION OF EPIDURAL ANALGESIA (excluding maternity services)

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Executive Lead: **Andrea Lewis** Chief Nurse

Status:

Approval date: October 2021

Ratified by: GS-ACT Clinical Governance and Drugs and Therapeutics Committee

Review date: October 2024

Issue	Date Issued	Brief Summary of Change	Author
1	August 2011	New Policy	Harriet Barker
2	August 2012	Change throughout the document from 'Yellow Pre-printed epidural analgesia chart' to 'Pre-printed analgesia chart for Epidural and IV PCA' Clarified that opioids should not be given via any other route whilst the epidural is in progress unless part of a pre agreed analgesia plan Clarified that therapeutic anticoagulants should not be administered whilst the epidural catheter is in-situ without first discussing with Inpatient Pain Service/On call Anaesthetist	Harriet Barker
3	October 2014	Changed to new format Guidance for prescribing / administering oxygen with an epidural has been updated to reflect the current Oxygen Policy Reflect the change in epidural pumps by stating Smiths medical CADD Solis® pumps. Reference made to pumps not being interchangeable between maternity and acute pain. Pump key to be kept on CD keys References and hyperlinks updated throughout the document	Harriet Barker
4	November 2017	Executive Lead updated Hyperlinks updated Title clarified to show this policy is not including maternity services Clarification regarding anticoagulant doses at request of DTC	Harriet Barker
5	October 2021	Review of policy New references Author changed Executive lead changed Additional guidance on infusion rate Hyperlinks updated New observation chart Areas where epidurals can be managed added	Monica Thompson Patricia Irvine-Smith

For more information on the status of this document, please contact:	
Policy Author	Monica Thompson, Patricia Irvine-Smith
Department/Directorate	Inpatient Pain Service/GS-ACT
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Ratified by	GS-ACT Clinical Governance and Drugs and Therapeutics Committee
Audience	All clinical staff caring for patients with **Epidural** analgesia

Executive summary

The purpose of this document is to set out the standard and the recommendations for practice at Ashford and St Peters NHS Foundation Trust which aims to ensure that health professionals are able to comply with local and national guidance of the care of the patients receiving epidural analgesia.

This policy does not cover the use of epidurals within maternity or the administration of single shot epidurals.

Contents

See also: Administration of Injectable Medicines via Intravenous Route Policy & Procedures
Trust Medicine Management Policy
Epidural Competency
Trust Epidural Analgesia Observation Chart
Patient Information Leaflet: Epidural Haematoma Letter
http://trustweb.asph.nhs.uk/documents/leaflets/new/Epidural%20Haematoma%20Advice%20Jun%202020.pdf
Trust Oxygen Policy

1. Introduction

1.1 Epidural analgesia is the administration of medication via a catheter inserted into the epidural space at thoracic or lumbar level (Macintyre and Schug 2015) used within the Trust for post-operative pain management and used within specific parameters such as fractured ribs and pancreatitis. Epidurals are administered by a continuous infusion with a Patient controlled epidural analgesia (PCEA) Bolus Function, PCEA can provide greater analgesia efficacy in combination with low-dose background infusion (Jules-Elysee et al, 2015). In some instances where Levobupivacaine is used without the addition of Fentanyl and Adrenaline the PCEA Bolus function is not permitted. The PCEA bolus function is set within predefined safety parameters. Patients receiving epidural analgesia are to be solely nursed on the St Peter's Hospital site within the following areas: - Recovery, Intensive Care Unit (ICU), and the Surgical Wards (Falcon and Kingfisher) - list of designated areas is also available on the trust intranet. It is compulsory that the Nursing staff working in these areas receive training, are competent to care for patients with epidurals and have completed the Trust competency framework

1.2 An epidural service is provided within the Maternity unit. Maternity use the same designated CADD-Solis® ambulatory infusion pumps as those used by the Inpatient pain service for the treatment and management of acute pain. However, the protocols on the pumps in Maternity are significantly different from those used for acute pain management and are therefore not interchangeable between these two areas.
Please refer to the Maternity Epidural policy for their designated protocols.

1.3 Epidurals are not permitted for use on the Ashford site, as there is no resident 24 hour anaesthetic cover (as per Royal colleague of anaesthetic guidelines).

1.4 **Epidural analgesia is only to be administered using a yellow Smiths Medical CADD-Solis pump and a dedicated CADD-SOLIS ® Yellow Striped High Volume Administration Set**. This equipment is for sole use for epidurals and is not permitted for any other infusions.

2. Scope

2.1 This Policy applies to: Inpatient Pain Service, Registered Nurses, Operating Department Practitioners (ODPs), Anaesthetists, Independent Prescribers, Pharmacy, Electronic biomedical engineers (EBME).

3. Purpose

3.1 The purpose of this policy is to set out the standard and the recommendations for practice at Ashford and St Peters NHS Foundation Trust which aims to ensure that health professionals are able to comply with local and national guidance of the care of the patients receiving epidural analgesia.

4. Explanation of Terms Used

4.1 POLICY

4.1.1 A policy is a statement of corporate intent that is adopted and followed across the Trust. Policies direct trust practice in fulfilling statutory and organisational responsibilities and are contractually and legally binding on all employees.

4.2 EPIDURAL

4.2.1 An epidural is a method of delivering analgesia to a patient via the epidural space. For the purpose of this policy the term epidural relates to the administration of drugs via a catheter inserted into the epidural space utilising a dedicated CADD Solis® ambulatory infusion pump.

5. Duties and responsibilities

5.1 INPATIENT PAIN SERVICE

The Inpatient Pain Service is responsible for the provision of Acute Pain across Ashford & St Peter's Hospitals NHS Foundation Trust.

Specifically the Inpatient Pain Service will:-

5.1.1 Provide teaching to all appropriate registered nursing staff, anaesthetic staff and operating department practitioners (ODPs) as required which incorporates the principles of epidural analgesia, pharmacology of the analgesics available as well as the appropriate use and safe management of the epidural administration.

5.1.2 Support the ward staff in the management of patients with epidurals, through ward visits and provide verbal advice as necessary. If out of hours advice is required, the on-call anaesthetist will be asked to review patients with epidurals.

5.1.3 Communicate any changes regarding the patient's pain management to the registered nurse responsible for that patient and document their visit and/or actions in the patient healthcare records.

5.1.4 Provide the dedicated documentation required to support the safe administration and monitoring of epidural analgesia.

5.1.5 Ensure that staff working across the Trust, are aware of who to contact to request advice regarding the care of patients with epidural analgesia.

5.1.6 Provide a timely and appropriate response to requests for assistance with managing epidural analgesia.

5.1.7 Work in conjunction with Recovery and EBME to maintain pump function and safety.

5.1.8 Ensure that information for staff relating to managing epidural infusions is up to date and can be accessed on the TrustNet.

5.1.9 The Inpatient Pain Service or the registered nurse may intervene to stop the patient using the demand button at any time if they feel that the patient is at risk of adverse effects and will be reviewed accordingly and analgesia plan established.

5.1.10 Should the patient continue to maximise the use of the bolus facility and the need for the infusion rate to be increased above 8ml/hr contact the Inpatient pain service or the on call anaesthetist

5.2 ANAESTHETIST

Out of working hours (4pm to 8am) on the St Peter's hospital site the anaesthetic registrar covering maternity will co-ordinate acute pain support provided for the wards, working alongside their on call anaesthetic colleagues and the ward teams. Bleep - 5011

The Anaesthetist will:-

5.2.1 The Anaesthetist will assess patient suitability for epidural analgesia pre-operatively.

5.2.2 The on call anaesthetist (Bleep 5007) will assess all 'non post-operative' patients requiring epidural analgesia as a primary procedure (i.e. for fractured ribs or pancreatitis).

5.2.3 Give all patients the opportunity to discuss the use of epidural analgesia for their pain management, gaining informed consent.

5.2.4 Liaise with the Inpatient Pain Service as needed if a patient has complex needs relating to epidural analgesia.

5.2.5 As part of their on call duties, provide out of hours advice for staff to help them manage patients with epidural analgesia safely and effectively. Also to provide telephone advice to patients who may ring with a suspected epidural haematoma.

5.3 PRESCRIBER

Epidural analgesia is initially prescribed by the anaesthetist siting the epidural. Doctors can rewrite epidural prescriptions as required. The prescriber must:-

5.3.1 Prescribe epidural analgesia, naloxone and anti-emetics on the Trust's pre-printed analgesia prescription chart for Epidural and IV PCA (oxygen must be prescribed on regular inpatient drug chart). The prescriber must ensure that this chart is then secured in the PRN section of the patients inpatient prescription chart.

5.3.2 Ensure that any medicines prescribed on the Trust's pre-printed analgesia prescription chart for Epidural and IV PCA do not duplicate any existing prescriptions.

5.3.3 Epidural analgesia contains Levobupivacaine 0.1% with Fentanyl 2 micrograms/mL and Adrenaline 2 micrograms/mL. These are supplied in prefilled bags of 500mL volume by the manufacturer. If pre-filled epidural bags containing adrenaline (levobupivacaine and Fentanyl only) are not available due to supply issues, nursing staff in recovery and ITU with IV competency are able to add adrenaline into the epidural bag. In accordance with the prescription, ensuring an additive label is completed.

5.3.4 To have an understanding and awareness of the increased risk of local anaesthetic toxicity when epidural infusion rates exceed 8mls/hr with maximum use of PCEA facility. Caution needs to be observed not to exceed the BNF recommended daily dosage of 400mg/24 hours levobupivacaine.

5.3.5 The Inpatient Pain Service (within working hours 8-4 Monday –Friday) or the on call anaesthetist (outside of these hours) **must** be contacted in the first instance if the epidural rate needs to be increased above 8mls/hr with maximum PCEA function reached. Epidural rate not be increased until patient reviewed. At this stage a new protocol will be instated by the **Anaesthetist or IPS only.**

5.3.6 A patient may be prescribed an epidural solution that contains only a local anaesthetic agent with no fentanyl or adrenaline. If this is prescribed for a patient then this must be used for continuous epidural analgesia ONLY, **NOT FOR PCEA**.

5.3.7 Ensure that no other opioid analgesia is prescribed (including codeine and Tramadol) whilst the epidural is in progress **unless** the patient has an existing opioid requirement. The patient should ideally be discussed with both the Inpatient Pain Service and the anaesthetist so that a safe and effective analgesia plan can be provided.

5.3.8 Prescribe oxygen as per trust guidelines on the dedicated oxygen prescription section within the adult prescribing and administration chart. Only to be administered during the day if oxygen saturations fall outside the target parameters (88-92% or 94-98%) as per the Trusts Oxygen Policy. Oxygen to be administered continuously at night when the risk of episodes of hypoxaemia is increased, due to the increased risk of upper airway obstruction.[1,2,3,4,5] Caution should be exercised in patients with chronic lung disease. Advice may be sought from the clinician or physiotherapist in this instance

5.4 RECOVERY STAFF (in addition to the responsibilities of REGISTERED NURSE) RECOVERY staff will:-

5.4.1 Keep records of patients commencing Epidural analgesia, with Name destination ward and pump number in designated book.

5.4.2 Work in association with the Inpatient Pain Service to maintain safe and effective storage of yellow fronted CADD-Solis® infusion pump and to maintain correct time and date function.

5.4.3 Ensure an initial test dose via the epidural catheter has been administered by the anaesthetist and can confirm safe continued use for an epidural. A competent and confident nurse (epidural competency completed) must use ANTT to connect a prefilled epidural infusion bag to a dedicated CADD-Solis ® Yellow Striped High Volume Administration Set In instances where a prefilled infusion bags containing adrenaline is unavailable, pharmacy will supply 500ml bags of epidural solution containing fentanyl 2mcg/ml and levobupivacaine 1mg/ml. Only competent recovery staff can add adrenaline 2mcg/ml (this can be achieved my adding one ampule 1:1000 (1ml)).

5.4.4 Ensure no other opioid analgesia are administered for the duration of the epidural infusion, unless the patient has an existing opioid requirement and is part of a analgesia plan discussed and agreed with the anaesthetist and Inpatient pain service.

5.4.5 Ensure that the patient does not leave recovery if pain is limiting their function.

5.4.6 Ensure that the algorithm 'Management of leg weakness with epidural analgesia in recovery areas' is followed (as per the Epidural Analgesia Observation Chart).

5.4.7 Safely hand over care of the patient receiving epidural infusion to the ward nurse assuming responsibility upon discharge from recovery. The handover must include

- Pain score **on movement**
- Sedation Score
- Temperature
- Nausea Score
- Vomiting score
- Sensory Level
- Motor block
- Rate of infusion
- Bolus's administered
- Record amount of epidural volume
- Signs of early onset local anaesthetic toxicity
- Epidural site checked
- Pressure areas checked
- Patients has IV access
- EWS (early warning score)
- Prescription chart corresponds to the infusion

This is recorded by both nurses signing the Theatre Integrated Care Pathway (ICP) document.

5.5 REGISTERED NURSE IN CHARGE

In ward areas where patients with epidural analgesia are nursed, the nurse in charge of the ward must:-

5.5.1 Ensure that there is at least one member of staff on duty at all times who has received education in the management of epidural analgesia and have completed their epidural competency.

5.5.2 Ensure that epidural analgesia bags are replaced by registered nurses who are competent in intravenous drug administration and who have received the appropriate training from the Inpatient Pain Service and competence completed. In the event that prefilled epidural bags are unavailable and adrenaline has been added in recovery or ICU the infusion bag must be changed every 24 hours as per trust policy, note reference to the administration set last changed, sets licenced for 72 hours.

5.5.3 Keep the epidural pump key with the ward Controlled Drug keys and ensure that these are carried in accordance with guidance in the Trust 'Medicines Management Policy'.
http://trustweb.asph.nhs.uk/policies/medicines-policies/medicines-management-policy/

5.6 REGISTERED NURSE CARING FOR PATIENT RECEIVING EPIDURAL ANALGESIA

The registered nurse who cares for a patient receiving epidural analgesia must:-

5.6.1 Be aware of and demonstrate their accountability, including their own abilities and limitations when caring for a patient who is receiving epidural analgesia.

5.6.2 Be able to educate the patient on the use of the PCEA function.

5.6.3 Ensure that epidural analgesia is administered using the Smiths Medical CADD Solis® ambulatory infusion pump using the dedicated administration set.

5.6.4 Ensure that the epidural system between the pump and the patient remains a 'closed' system wherever possible. A prefilled epidural infusion bag may be left in place until it is empty. A single epidural administration set and filter can be left in place for the duration of the epidural infusion if the system is not broken. In the absence of prefilled bag containing adrenaline (adrenaline to be only added by competent nurses in Recovery or ICU), bag to be changed every 24 hours and administration sets to be changed every 72 hours.

5.6.5 Be aware of the possible side effects of opioids and be able to explain the rationale for the use of naloxone – http://trustweb.asph.nhs.uk/policies/medicines-policies/administration-of-naloxone-in-adults/

5.6.5 For the duration of the infusion, observations must be assessed and documented on the dedicated observation chart. (On Trust Intranet Inpatient Pain Service Guidelines)

- Pain score **on movement**
- Sedation Score
- Temperature
- Nausea Score
- Vomiting score
- Sensory Level
- Motor block
- Rate of infusion
- Bolus's administered
- Record amount of epidural volume
- Signs of early onset local anaesthetic toxicity
- Epidural site checked
- Pressure areas checked
- Patients has IV access
- EWS (early warning score)
- Prescription chart corresponds to the infusion

To monitor, assess and record all vital signs as per the Epidural Analgesia Observation Chart on Care Flow Vitals®

5.6.6 On receiving handover both nurses must complete a set of observations, pump checks and prescription check to ensure consistency, any discrepancy to be raised at this time.

5.6.7 Ensure no other opioid analgesics are prescribed or administered whilst the epidural infusion is in progress **UNLESS** the patient has an existing opioid requirement and is part of an agreed analgesia plan discussed with the anaesthetist and the inpatient pain service.

5.6.8 Ensure therapeutic anticoagulants or high dose prophylactic anticoagulants (e.g. doses above 40mg od) are not prescribed or administered whilst the epidural catheter is in-situ without consulting with the Inpatient Pain Service or out of hours the on call Anaesthetist on 5011. Prophylactic anticoagulants can be administered as long as the guidance for removing the epidural catheter is followed (On Trust Intranet Inpatient Pain Service Guidelines).

5.6.9 Nurses must have completed the Epidural competency and deemed competent in changing epidural bags to do so – n.b. To change non prefilled bags every 24 hours (ward staff not to add adrenaline to infusion bags, competent Recovery and ICU staff only).

5.6.10 Ensure oxygen is prescribed in concordance with the adult drug prescribing and administration chart. Oxygen must be administered overnight to reduce the of risk of hypoxaemia, as this can be caused by upper airway obstruction .[1,2,3,4,5] Caution

should be exercised in patients with chronic lung disease. Advice may be sought from the, responsible clinician or physiotherapist in this instance.

5.6.11 Adequate analgesia is prescribed prior to discontinuing epidural infusion.

5.6.12 All discarded epidural solution must be recorded in the Controlled Drug Record and disposed correctly as per trust policy.

5.6.13 Epidural catheter to be removed as per the guidelines on the Epidural Analgesia Observation Chart by a competent nurse (completed Epidural competency) ensure a copy of the Epidural Haematoma leaflet is given to the patient for reference, and signed the front of the yellow epidural observation chart http://trustweb.asph.nhs.uk/documents/leaflets/new/Epidural%20Haematoma%20Advice%20Jun%202020.pdf

5.6.14 Have an in-depth understanding of the risks and complications associated with epidurals. To include – epidural haematoma and assesses. To identify when the epidural catheter tip needs to be sent for MC&S.

- Pyrexia of unknown origin
- Haematoma
- Redness, warmth, discharge or excessive bleeding from the catheter site
- Increased pain, swelling or a large bruise around catheter site
- Increased CRP/WBC levels

5.6.15 Be able to identify and detect complications such as an epidural haematoma, and understand what action to take if such a complication is suspected (Epidural Analgesia Observation Chart).

5.6.16 Be able to identify the various alarms on the yellow fronted CADD-Solis® infusion pump and take the appropriate action.

5.6.17 Ensure that yellow fronted CADD-Solis® infusion pump are cleaned after use and labelled as clean, before the pump is returned to the recovery with the bolus cord and mains lead/power pack.

5.7 PHARMACY

The pharmacy department will:-

5.7.1 Supply prefilled bags of epidural analgesia solution to the wards and recovery areas where epidural analgesia is used.

5.7.2 Alert and liaise with the recovery at St Peter's if there is a supply problem with epidural bags and ensure that alternative supplies of epidural solution can be obtained to avoid a gap in the provision of the epidural analgesia service. The Inpatient Pain Service should also be made aware of any supply problem.

5.7.3 Check epidural analgesia prescriptions in accordance with their normal procedure for reviewing inpatient drug prescriptions in ward areas.

5.8 EBME

The electronic biomedical engineers will:-

5.8.1 Liaise with Smiths Medical to arrange the service and maintenance for all Smiths Medical CADD Solis® epidural analgesia pumps, consulting with the Inpatient Pain Service as required.

6. Training

6.1.1 All staff involved with caring for patients with an epidural delivered via a Smiths Medical CADD Solis® Pump will receive training. This will be provided by the Inpatient Pain Service, Smiths Medical Clinical Trainer or by Trust staff that have undergone and are deemed competent in Train the Trainer.

6.1.2 In addition to this all registered nursing staff caring for patients with epidural analgesia will receive dedicated epidural training from the Inpatient Pain Service or a member of staff who is deemed competent by the Inpatient Pain Service to deliver such as session. This training should be undertaken every 2 years in line with the guidance set out by the Royal College of Anaesthetists.

6.1.3 All registered nurses caring for patients with epidural analgesia should complete the competency 'Care of the Patient with Epidural Analgesia' within 12 months of starting in the Trust.

7. Stakeholder Engagement and Communication

7.1 This policy has been consulted on and reviewed by a variety of staff including: members of the Inpatient Pain Service, nurses, divisional pharmacists for surgery, and critical care/theatres, consultant anaesthetists, EBME.

8. Approval and Ratification

8.1 Ratification will be sought from the Drugs and Therapeutics Committee.

9. Dissemination and Implementation

9.1 The policy will be disseminated through the Aspire global email.

9.2 This policy will be published on the trust intranet and internet sites.

9.3 Any changes to practice arising from this policy will be disseminated to the appropriate staff by the Inpatient Pain Service.

10. Review and Revision Arrangements

10.1 This policy will be reviewed by the author in May 2023, or before if necessary.

10.2 The review will be sooner if there is a change in legislation, or if a NHS England Patient Safety Alert which directly affects this policy is issued, or if new national guidance from a body such as the Royal College of Anaesthetists or the Royal College of Nursing is issued.

11. Document Control and Archiving

11.1 This is a trust-wide document and archiving arrangements are managed by the Head of Regulation & Accreditation and Information Content Manager who can be contacted to request master/archived copies.

11.2 On the internet site, the document will be highlighted as green, when in date, amber 3 months prior to review date, and red if expired.

11.3 Responsibility for archiving trust-wide policies lies with the Head of Regulation & Accreditation.

11.4 Electronic folders are set up to hold master copies.

11.5 Requests for retrieval of documents can be made to the Head of Regulation & Accreditation.

12. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring / Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
This policy will be reviewed by the Inpatient pain service at least annually to ensure that it remains valid and in date	Compliance audit of sample of policies (including Review History)	Annual	Lead Nurse pain Services	GS-ACT Clinical Governance Group Drugs and Therapeutics Committee

Supporting References / Evidence Base

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Royal College of Anaesthetists, Royal College of Nursing *et al* (2010) *Best practice in the management of continuous epidural analgesia in the hospital setting.*

Royal College of Anaesthetists (2009) *National Audit Project (NAP) 3 Major complications of central neuraxial block in the UK*. Report and Findings.

Skilton RWH & Justice W (1998) Epidural haematoma following anticoagulant treatment in a patient with an indwelling epidural catheter. *Anaesthesia* **53** (7):691-701.

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: **Monica Thompson Lead Nurse & Patricia Irvine-Smith Senior specialist Nurse – Inpatient Pain Service**
Policy: **Policy for the Administration of Epidural Analgesia**

Background
This EIA has been compiled by Harriet Barker Lead Nurse Pain services along with other members of the Inpatient Pain Service

The aim of all guidelines within the Inpatient Pain Service are to support and guide staff in the delivery of safe and effective acute pain management and to ensure that all patients, where possible, have equal access to the most appropriate method of acute pain control. All guidelines developed by the Inpatient Pain Service consider national guidance, frameworks and evidence to ensure that best practice is encouraged and developed

This EIA is considered as an overarching assessment for current guidelines that are in place for acute pain management for inpatients in the trust as these guidelines have the common aim as stated above. The RADAR principles (Responsibility, Anticipation, Discussion, Assessment, Response) of acute post-operative pain management are encouraged to ensure good communication and forward planning in relation to acute pain wherever possible.
Patients undergoing surgery are seen by an anaesthetist pre-operatively to assess their suitability for the use of specific methods of acute pain control such as patient controlled analgesia, epidural analgesia and local anaesthetic infusions. If for any reason a patient is deemed unsuitable for a particular method of analgesia, then this is communicated by the anaesthetist to other staff caring for the patient. For patients who have acute pain but who are not undergoing surgery, their suitability for specific methods of pain control are assessed by the Inpatient Pain Service or by the wider team caring for them with advice from the Inpatient Pain Service.

Occasionally a patient may not be able to have a particular method of pain control due to the clinical area in which they are being managed but systems are in place to highlight this to the Inpatient Pain Service so that the patient can be moved to enable them to have the most appropriate analgesia

Methodology

Patients are not excluded in relation to their gender, sexual orientation or religion. A patient's race or ethnic origin may affect their ability to understand the use of some methods of acute pain control due to language barriers or personal beliefs about the meaning of pain. Information leaflets incorporate advice on how to obtain information in different languages and interpreting services can be accessed if needed.
Patients with a disability may be unable to use particular pieces of equipment and alternatives will be sought for such patients unless a piece of equipment can be adapted for them. Patients with learning disabilities are supported through local guidance and the use of a specific 'Patient Passport' where necessary.
Patients who undergo emergency treatment rather than elective treatment may initially require a type of pain control that may not be of their choice as the priority will be to act in the best interest of the patient at that time. However, this is reviewed as soon as the

patient is able to make a choice. Patients with certain medical conditions may not be able to have some methods of acute pain control which may pose a risk to their overall health

Examples:

- patients with clotting abnormalities are excluded from having neuraxial blockade methods such as intrathecal and epidural injections
- patients who are physically unable or who are cognitively impaired, may not be able to manage the patient control aspect of a patient controlled analgesia pump and therefore will not be able to utilise this method (but could have a background epidural infusion running)
- patients who do not speak English may also not understand the patient controlled analgesia aspect of the pump and therefore an interpreter who can explain this to the patient needs to be sort at the earliest opportunity to enable them to best use this method of analgesia
- patients for whom pain is something they feel they must endure, be this for cultural or religious reasons, may not get the full benefit of acute pain control methods and this is accepted to be their choice

Key Findings

There may be a group of patients who are identified as being unable to manage particular acute pain methods and this may have an adverse impact on their care and overall recovery. It is estimated that around 2-3 patients per month will not be able to have the most suitable post-operative analgesia method due to disability, cognitive impairment, language barriers or personal/cultural beliefs and this may present a challenge in relation to adverse impacts

Patients who undergo emergency treatment are offered acute pain advice as soon as practically possible

Conclusion

Guidelines developed by the Inpatient Pain Service for the management of acute pain offer the majority of patients appropriate pain relief. Patients who cannot have easy access to acute pain relief methods are helped to manage their pain with an alternative method of analgesia. Staff are aware of how to access help with pain management from the Inpatient Pain Service and the anaesthetic department and how to access help for specific patient groups such as those with a learning disability

Inpatient Pain Service guidelines will not have any impact with regards to gender or sexual orientation. Any potential impact relating to race, ethnic origin, culture or religious beliefs will be managed on an individual basis

Recommendations

No changes need to be made to any guidelines in light of the EIA process but all guidelines will continue to be reviewed after 2 years or sooner if new clinical evidence, risk or equal access emerges and requires action before then

APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Policy for Administration of Epidural Analgesia
Policy (document) Author: Monica Thompson Lead Nurse & Patricia Irvine-Smith Senior specialist Nurse – Inpatient Pain Service
Executive Director: Mr Shashi Irukulla Divisional Director GS-ACT

		Yes/No/ Unsure/ NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Yes**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Yes**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Yes**	
	Is the purpose of the document clear?	**Yes**	
	Are the intended outcomes described?	**Yes**	
	Are the statements clear and unambiguous?	**Yes**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Yes**	
	Who was engaged in a review of the document (list committees/ individuals)?		
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Yes**	
	Are local/organisational supporting documents referenced?	**Yes**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Yes**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**NA**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Yes**	
	Does the plan include the necessary training/support to ensure compliance?	**Yes**	
7.	**Process for Monitoring Compliance**		

		Yes/No/ Unsure/ NA	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Yes**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Yes**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	**Yes**	

Committee Approval (insert name of Committee)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair		**Date**	
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			