



## REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**bupivacaine**

**Epidural bolus (top-up): Labour and Delivery**



<b>Effective Date:</b> Dec 2011  <b>Revised Date:</b> Jan 10-2018	CLASSIFICATION <b>Local Anaesthetic/Analgesic</b>	OTHER NAMES <b>Marcaine, Sensorcaine</b>	PAGE 1 of 2
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**ADMINISTRATION POLICY:**

**Administration restricted to Anesthetist**

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

**Available as:** 0.25% preservative free solution – 10 mL ampoule

**Epidural bolus:** Draw up bupivacaine 0.25%, 5 mL in a sterile syringe

**Procedure:** Disconnect the catheter from the infusion tubing in a manner that preserves the sterility of both the catheter and tubing. Connect the bolus syringe, aspirate to rule out the presence of blood or cerebral spinal fluid. Administer the bolus solution using slow, steady pressure on the syringe plunger over approximately 1 to 3 minutes.

**DOSAGE:**

**Usual:** 5 mL bupivacaine 0.25% solution every 1 hour as needed

**Maximum single dose:** 5 mL bupivacaine 0.25%

**Maximum rate:** N/A

**Maximum concentration:** N/A

**STABILITY/COMPATIBILITY:**

**Stability of reconstituted solution:** Use immediately and discard after use

**Stability of Final Admixture:** N/A

**Compatibility:** Compatible with preservative free fentaNYL

**PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**

- Small volumes (less than 10 mL) of local anesthetic given as a bolus via catheter directly into the epidural space rarely cause systemic side effects. A high block (greater than T6) is possible and would be associated with a decrease in blood pressure and dizziness.
- In the unlikely event of catheter migration, side effects would be specific to the location of the catheter tip. Inadvertent administration into a blood vessel is associated with tinnitus, circumoral tingling, confusion and seizure. Inadvertent administration into the subarachnoid space is associated with rapid onset of a high block, significant hypotension, difficulty breathing due to paralysis of the respiratory muscles and possible respiratory arrest.
- Subdural administration is associated with a patchy block, often higher on one side and lower on the other



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**ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**

- Possible cross sensitivity with other local anesthetics
- Drug accumulation may occur in patients with heart or liver disease, therefore decreased frequency of epidural bolus injections may be necessary
- bupivacaine may be combined with fentaNYL 50 mcg (no dilution with normal saline is required) for bolus administration when indicated for rectal pressure, low back pain, perineal discomfort or when advised by anesthesia.
- ePHEDrine must be readily available to treat hypotension
- naloxone must be readily available to treat respiratory depression
- All patients are monitored according to the Epidural Analgesia; Continuous and Patient Controlled (PCEA) in a Laboring Woman policy #CLI.5810.SG.001