



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

bupivacaine and fentaNYL
Epidural infusion: Labour and Delivery



Effective Date: Dec 2011 Revised Date: May 13-2015 Review Date: Jan 10-2019	CLASSIFICATION Local Anaesthetic/Analgesic	OTHER NAMES Marcaine, Sensorcaine	PAGE 1 of 2
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ADMINISTRATION POLICY:

Monitoring and administration is restricted to Nurses who have successfully completed the Epidural Education Program

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: bupivacaine 0.08% and fentaNYL 2 mcg/mL, premixed 125mL bag
 bupivacaine 0.08% and fentaNYL 2 mcg/mL, 25 mL syringe

DOSAGE:

Epidural loading/bolus dose: Administer using the 25 mL *premixed syringe*. **Restricted to Anesthetist Only**
 (usual dose 15 to 20 mL)

Epidural continuous/patient controlled epidural analgesia (PCEA) infusion: Administer with epidural specific pump and using the *premixed 125 mL bag*

Usual: Basal rate: 8 mL/hour (range 4 to 12 mL/hour)
 PCEA bolus: 5 mL
 Delay (lockout): 10 minutes (range 6 to 12 minutes)
 One hour limit: 30 mL

Maximum single dose: N/A
Maximum daily dose: N/A

Maximum rate (infusion): 30 mL/hour via PCEA infusion pump
Maximum concentration: N/A

STABILITY/COMPATIBILITY:

Stability of reconstituted solution: N/A
Stability of Final Admixture: 24 hours

Compatibility: Compatible with normal saline

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.

(precautions, potential adverse reactions continued)



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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS (continued):

- 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
- Epidural fentaNYL may be associated with pruritus, nausea, urinary retention and respiratory depression

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- 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 protocol

***USE ONLY IN CASES DUE TO MANUFACTURER UNAVAILABILITY OF STOCK**

Drug concentration	IV minibag (NS)	bupivacaine 0.5%	fentaNYL 50 mcg/mL	Final Volume
bupivacaine 0.08% & fentaNYL 2 mcg/mL	100 mL	20 mL	5 mL	125 mL