South Eastman Health/Santé Sud-Est Inc.

	No: MC-D005
Approved By: Medical Advisory Committee	**Category: Regional Client Care** **Source: Maternal Child/Surgical Services/Acute Care**
New/Replaces: **Date Approved: 09 April 2003** **Reviewed:** **Revised: 18 July 2003**	**Subject: Post Spinal Nursing Management**

POLICY:

Nursing staff shall monitor patients receiving spinal narcotics to ensure optimal clinical outcomes according to procedure outlines below.

PROCEDURE:

1. Hydration

Hydrate patient with 500 - 1000 mL IV NS pre-procedure as ordered. IV saline lock for 12 hours after.

2. Assessment and Documentation

- Document on vital signs record.

Surgical and Medical Patients	Obstetrical Patients
Continue assessment for 12 hours after last dose of spinal morphine given.	**Continue assessment and maintain saline lock for 12 hrs post cesarean section/spinal analgesia in labor.**
Respiratory Rate and Sedation: • when patient sleeping, if respiratory rate is <12 breaths/min, then check sedation • q1h x 12 hrs	Respiratory Rate and Sedation: • when patient sleeping, if respiratory rate is <12 breaths/min, then check sedation • q1h x 12 hrs
BP, Pulse and Pain Scale • q4h x 12 hrs	BP, Pulse and Pain Scale • q4h x 12 hrs
SpO2 • immediate post-op, at 5 min, q 15 min x 2, then q4h x 12 hrs • maintain SpO2 $\geq$ 94%	SpO2 • immediate post-op, at 5 min, q 15 min x 2, then q4h x 12 hrs • maintain SpO2 $\geq$ 94%
Nausea, Pruritus: • q4h x 12 hrs	Nausea, Pruritus: • q4h x 12 hrs
Spinal Site: • q4h x 12 hrs	Spinal Site: • q4h x 12 hrs

	Newborn OHI for 4 hrs, q4h for 24 hrs. Assess every 4 hrs & prn: • vital signs-temperature, pulse and respirations • blood sugar Assess OD • vital signs-temperature, pulse and respirations

* If at 12 hours there are any respiratory and/or sedation concerns then continue observation up until 24 hours.
May use following scales:

Pain Scale	Sedation Scale
0. no pain	0. None – awake, alert
1. mild	1. Mild – occasionally drowsy, easy to arouse
2. discomforting	2. Moderate – frequently drowsy, easy to arouse
3. distressing	3. Severe-somnolent, difficult to arouse
4. horrible	S. Sleep – normal sleep, easy to arouse
5. excruciating	

3. Narcotics

Use caution when administering narcotics and sedatives in 1st 12 hours with respect to sedation and respiratory status. Notify anesthetist/attending physician when inadequate pain management.

4. Nausea/Vomiting and Pruritis

Assess nausea and pruritis q4h and prn. Contact anesthetist/attending physician to manage these symptoms. Usual treatment for pruritis is Benadryl 25 – 50 mg IV or Narcan 0.1 mg IV.

5. Urinary Retention

Assess q6h and prn and contact anesthetist/attending physician should catheterization be required.

6. Ambulation

To allow ambulation, motor and sensory status should be assessed frequently. Check to ensure there is no motor or sensory block present. If leg weakness is detectable, wait and recheck 15 – 30 minutes later before increasing mobility.

Ambulate progressively – first sitting upright, then legs dangling, and then standing with assistance. If patient not tolerating activity i.e. feeling light headed return to bed and attempt later. Take BP if applicable.

7. Hypotension

If significant hypotension – 20% or more below baseline place patient in left lateral position. Administer fluid bolus of 500 mL NS IV. If no response place O2 10 L per facemask and inform anesthetist/attending physician.

8. Oversedation/Respiratory Depression

If oversedation occurs, use following guidelines.

- Keep Narcan/Naloxone 0.4 mg ampoule with syringe at bedside.

Oversedation Management:

Respiratory rate < 10 or Sedation Scale "3"	**Respiratory rate < 8 &/or Unresponsive**
Notify Anesthetist / Family Physician	Notify Anesthetist / Family Physician
Stimulate patient	Stimulate patient
O2 5L nasal prongs	O2 by 10Lrebreath mask
Resp, Sedation Scale, SpO2 q 5 min until Resp >12 and SpO2 $\geq$ 94%	Resp, Sedation Scale, SpO2 q 5 min until Resp > 12 and SpO2 $\geq$ 94%
	Naloxone 0.1 mg IV q 2 min. until responsive (max. 4 doses = maximum .4 mg)

Continue to assess respiratory rate q1h x 12 hrs and sedation scale q1h while patient awake x 12 hours.

NOTE WELL:

1. **DO NOT administer narcotics to DNS/Ambulatory Care patients.**
2. **OBSERVE FOR LATE RESPIRATORY DEPRESSION IN PATIENTS WHO HAVE HAD SPINAL MORPHINE.**