

**Wishaw General Hospital**  
**Women's Services Directorate**

**Spinal/Epidural Opioid Observation Guideline**

When a patient has received a Spinal/Epidural opioid.

- Do not give ANY parenteral opioids.
- If patient on usual regular opioid, this may be continued alongside intrathecal opioid at discretion of anaesthetist.
- If analgesia inadequate, discuss with anaesthetist.
- Check the time the spinal/epidural was administered and monitor as below.

Observations to be recorded on MOEWS Chart and discontinued, (once well) after 12 hours.

- Every 15 minutes for 1 hour
- Every 30 minutes for 1 hour
- Hourly for 2 hours
- 2 hourly for 8 hours
- Intrathecal/epidural **fentanyl** - 4 hours required

<b><u>Potential Problems:</u></b>	
<b>Inadequate analgesia</b>	<ul style="list-style-type: none"> <li>- Give oral prn non-opioid analgesia, if any prescribed</li> <li>-If pain score <math>\geq 2</math> and resps <math>\geq 14</math> and sedation score 0 then give prn opioid analgesia as charted</li> <li>- If analgesia inadequate, discuss with anaesthetist, page 134</li> </ul>
<b>Respiratory depression</b> <b>Saturation Level - below 93%</b>	<ul style="list-style-type: none"> <li>-Give oxygen 4 litres via face mask</li> <li>-Encourage deep breathing</li> <li>-Recheck after 15 to 20 minutes</li> <li>-Seek medical assistance if required</li> <li>-Consider naloxone</li> </ul>
<b>Respiratory Depression with rate 8-10 per minute</b>	<ul style="list-style-type: none"> <li>-Rouse Patient</li> <li>-Encourage deep breathing</li> <li>-Give oxygen 4 litres via face mask</li> <li>-Contact ward doctor</li> </ul>
<b>Uroable patient</b> Sedaton Score 3	<ul style="list-style-type: none"> <li>-Telephone 2222 state "Obstetric Emergency" and give location</li> <li>-Contact ward doctor immediately</li> <li>-Consider naloxone</li> </ul>
<b>Itch</b>	<ul style="list-style-type: none"> <li>-Reassure patient, explain side effect not allergy</li> <li>-Consider naloxone 200 microgram subcutaneously</li> </ul>

Please contact duty anaesthetist if assistance is required urgently, Page 134

**Originator:** Dr Gordon Peters  
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