

Spinal Opioid Observation Guideline

TARGET AUDIENCE	Secondary Care: Theatres; Obstetric Theatres; Midwives; Nurses; Anaesthetists; Obstetricians.
PATIENT GROUP	Patients in Maternity/Obstetric Wards/ Theatres/ Recovery.

Clinical Guidelines Summary

When a patient has received a spinal 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 MEOWS (Modified Early Obstetric Warning System) 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 **fentanyl** - 4 hours required

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Potential Problems:

1/. Inadequate analgesia:

- Give oral prn non- opioid analgesia, if any prescribed.
- If pain score ≥ 2 and respirations ≥ 14 and sedation score 0 then give prn opioid. analgesia as charted.
- If analgesia inadequate, discuss with anaesthetist, page 134.

2/. Respiratory depression - Saturation Level below 93%!

- Give oxygen 4 litres via face mask.
- Encourage deep breathing.
- Recheck after 15 to 20 minutes.
- Seek medical assistance if required.
- Consider **naloxone 400 microgram i.v.bolus (neat)**.

3/. Respiratory Depression with rate 8-10 per minute

- Rouse Patient: Encourage deep breathing.
Give oxygen 4 litres via face mask. Contact ward doctor.
- **Unroutable patient:**
 - Sedation Score 3**
 - Telephone 2222 state "Obstetric Emergency" and give location.
 - Contact ward doctor immediately.
 - Consider **naloxone 400 micrograms i.v. neat bolus**.

4/. Itch

- Reassure patient, explain side effect not allergy.
- Consider naloxone 100 - 200 microgram subcutaneously.

Lead Author	M Dalidowski	Date approved	04/12/2024
Version	5	Review Date	04/12/2027

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References and Evidence

Any content in your guideline that is either quoted, paraphrased and/or borrowed from an external source must be attributed to the original.

For published papers, Harvard referencing style is preferable

e.g.

Yaşar I., Kahveci R., Baydar Artantaş A., Ayhan Başer D., Gökşin Cihan F., Şencan I., Koç E. M., Özkara A. (2016) Quality Assessment of Clinical Practice Guidelines Developed by Professional Societies in Turkey, *PLoS One*. 11(6). DOI: <https://doi.org/10.1371/journal.pone.0156483>.

2/. NES guidelines.

3/. Royal College of Anaesthetists Guidelines.

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Appendices

1. Governance information for Guidance document

Lead Author(s):	Gordon Peters. M Dalidowski
Endorsing Body:	Obstetric Anesthetist's Group. Maternity Clinical Effectiveness Group.
Version Number:	5
Approval date	December 2024
Review Date:	December 2027
Responsible Person (if different from lead author)	Hamish McKay.

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	Hamish McKay.
Consultation Process / Stakeholders:	Obstetric Anaesthetists, Obstetricians, Midwives, Nurses, Theatres.
Distribution	Theatres, Maternity Wards, Anaesthetists, Midwives.

CHANGE RECORD

Lead Author	M Dalidowski	Date approved	04/12/2024
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Date	Lead Author	Change	Version No.
May 2012	G Peters	<i>Original</i>	1
August 2014	G Peters	Update	2
December 2020	H McKay	Update	3
October 2023	M Dalidowski	Update	4
June-Dec 2024	M Dalidowski	Update	5

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