# Epidural analgesia administration competency – Clinical Assessment Tool

Name: HE#:

## Outcome

Demonstrates the required understanding and clinical skills for administering epidural analgesia.

## Preparation

* Applicable for initial competency and staff with previous competency or competency from other health service.
* Clinical competency requirments MUST NOT be commenced until after the e-learning package has been completed.
* Registered nurses working exclusively in theatres to compete theory requirements ONLY.
* New staff (if relevant) to complete all requirements within 3 months of commencing employment at WNHS. –excludes midwifery students who complete education as per university requirments, managed by clinical midwifery facilitators.

### Theory

* Completion of WNHS eLearning package (mandatory for both initial competency and previous experience in another health care facility)

### Supervised practice

Supervisor – Midwife/nurse or anaesthetist deemed competent in administration.

|  |  |  |
| --- | --- | --- |
| **Competency requirements** | **Date** | **Supervisor Initial** |
| Group 1- initial competency | | |
| Supervised Clinical practice (or simulated assessment) performing and managing an epidural top up |  |  |
| Demonstration of the preparation and administration of a PCEA device |  |  |
| Supervised in clinical practice performing removal of epidural catheter |  |  |
| Group 2 –demonstrated evidence of epidural analgesia administration competency outside WNHS | | |
| Application for recognition of prior learning assessed on an individual basis |  |  |
| Ongoing competency | | |
| Confirmation on annual PDR document |  |  |

## Performance criteria

To be completed and signed by the supervisor. (A=achieved, NA= not achieved)

|  |  |  |
| --- | --- | --- |
| **Date:** | | **A/NA** |
| **Drug order:** | | |
| * Checks “6 rights” of medication administration | |  |
| * Confirms first dose given by anaesthetist | |  |
| * Preparation of solution with a second RN/Midwife competent in epidural management | |  |
| * Aware of the time of previous administration of pain relief (including previous spinal/epidural) | |  |
| * How long would it be expected for the drug to be effective | |  |
| **Preparation:** | | |
| * Confirms consent and anaesthetist available | |  |
| * IV access available | |  |
| * Resuscitation equipment available | |  |
| * Baseline observations completed | |  |
| * Check the written orders with the woman’s identification (x2 midwives and/or Registered Nurses) | |  |
| * Check woman voided and bladder function if there is no IDC in situ | |  |
| * Epidural site assessed | |  |
| **Procedure:** | | |
| * Assess and document pain score and dermatone assessment | |  |
| * Aseptic technique maintained throughout procedure | |  |
| * Aware why bacteriostatic filter in situ | |  |
| * Aware why alcohol swabs not used | |  |
| * Removes cap and retains for later use | |  |
| * Medication and dose checked at bedside with a second authorised health professional | |  |
| **Bolus Top up** | **Commencing infusion** | |
| * Positions woman | * Document volume in reservoir on epidural chart | |
| * Aspirates to note presence of blood or CSF | * Connect epidural line and start pump | |
| * Administered in 2-3 ml increments over 3-5 mins | * Confirm pump is running | |
| * Maintains verbal communication and monitors patient throughout administration | * Confirm the self-administering device is working | |
| * Replaces cap to filter | * Explains use of self-administering device to woman | |
| * Stops administration of drug (bolus/infusion) at first sign of complication | | |
| **Post-procedure:** | | |
| * Stops administration of drug (bolus/infusion) at first sign of complication | |  |
| * Observations completed | |  |
| * Dermatomes tested if local anaesthetic has been used | |  |
| * Documentation completed | |  |
| * Checks efficacy of pain relief and notifies anaesthetist or APS if pain relief inadequate | |  |
| * In the event of a complication knows the use of: Ephedrine, Naloxone, Midazolam, IV Lipid | |  |

|  |  |
| --- | --- |
| **Comment:**  **Recommendation**  ⃝ Competency achieved ⃝ Competency NOT achieved – Plan: | |
| **Supervisor Name:** | Designation: |
| **Signature:** | Date: |

This document can be made available in alternative formats on request.

© North Metropolitan Health Service 2024