# Rectus sheath catheter analgesia administration – Clinical Assessment Tool

Name: HE#:

## Outcome

Demonstrates the required understanding and clinical skills for administering analgesia via rectus sheath catheter.

## Preparation

Applicable for initial competency and staff with previous competency or competency from other health service.

### Theory

Read clinical guidelines:

* Ropivacaine https://www.kemh.health.wa.gov.au/~/media/HSPs/NMHS/Hospitals/WNHS/Documents/Clinical-guidelines/Obs-Gyn-MPs/Ropivacaine.pdf?thn=0
* Anaesthesia and pain management gueidline accessible via healthpoint

**Supervised practice**

Supervisor – Health care professional deemed competent in administration.

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| --- | --- | --- |
| **Requirement** | **Date** | **Supervisor Initial** |
| Observe a bolus administration by staff member deemed competent |  |  |
| Administration competency:   * 1 supervised administration by a competent supervisor |  |  |
| Catheter removal   * Supervised in clinical practice performing removal of rectus sheath catheter by Midwife/RN deemed competent in the procedure |  |  |
| **Ongoing competency** | | |
| Confirmation on annual PDR document |  |  |

## Performance criteria

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

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| --- | --- |
| **Date:** | **A/NA** |
| **Bolus administration:** | |
| * Prepares the drug for administration according to the prescription, and following Infection Control Guidelines |  |
| * Checks “6 rights” of medication administration |  |
| * Ensures the patient has patent intravenous access |  |
| * Checks site of catheter insertion for signs of infection, migration or leakage |  |
| * Applies non-sterile gloves |  |
| * Ensures that a filter and port is insitu. Wipes port with alcohol swab |  |
| * Attaches syringe and aspirates to check blood **is not** present in catheter. If blood is present **stops** administration and informs anaesthetist on call |  |
| * Once established that no blood is in the catheter, administers up to 10mls of local anaesthetic over 2 minutes (half of prescribed dose) |  |
| * Waits 2 minutes, observing patient for signs of local anaesthetic toxicity; states the signs of local anaesthetic toxicity |  |
| * If the patient exhibits no side effects, continues to administer the remaining local anaesthetic |  |
| * Signs prescription chart |  |
| * Monitors patient for signs of local anaesthetic toxicity for 5 minutes after administration |  |
| **Catheter removal:** | |
| * Assess catheter removed end of 5th post-operative day or sooner if required |  |
| * Ensures analgesia prescribed prior to removal |  |
| * Removes dressing using ANTT |  |
| * Applies gentle traction to remove or informs anaesthetic team if resistance |  |
| * Ensures blue tip is intact – tip sent to lab if suspicion of infection |  |
| * Cover with non-occlusive dressing |  |
| * Removal documented |  |

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

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