## Rectus sheath catheter analgesia administration performance criteria

###### This checklist is suitable for the staff member wanting to obtain competency and their supervisor to identify criteria required to safely perform the procedure.

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| **Performance Criteria – Bolus administration** |
| 1. Prepares the drug for administration according to the prescription, and following Infection Control Guidelines |
| 2. Ensures the patient has patent intravenous access |
| 3. Checks site of catheter insertion for signs of infection, migration or leakage |
| 4. Applies non-sterile gloves |
| 5. Ensures that a filter and port is insitu. Wipes port with alcohol swab. |
| 6. Attaches syringe and aspirates to check blood **is not** present in catheter. If blood is present **stops** administration and informs anaesthetist on call |
| 7. Once established that no blood is in the catheter, administers up to 10mls of local anaesthetic over 2 minutes (half of prescribed dose) |
| 8. Waits 2 minutes, observing patient for signs of local anaesthetic toxicity; states the signs of local anaesthetic toxicity |
| 9. If the patient exhibits no side effects, continues to administer the remaining local anaesthetic |
| 10. Repeats steps 5 – 9 for second catheter if present |
| 11. Signs prescription chart |
| 12. Monitors patient for signs of local anaesthetic toxicity for 5 minutes after administration |
| **Performance Criteria – Catheter removal** |
| 1. Assess catheter removed end of 5th post-operative day or sooner if required |
| 1. Ensures analgesia prescribed prior to removal |
| 1. Removes dressing using ANTT |
| 1. Applies gentle traction to remove or informs anaesthetic team if resistance |
| 1. Ensures blue tip is intact – tip sent to lab if suspicion of infection |
| 1. Cover with non-occlusive dressing |
| 1. Removal documented |

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01/04/2021