HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology		
Document:	Multidisciplinary Policy and Procedure		
Title:	Analgesia in Labor		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	**Index No:**	L&D–MPP–011
Approval Date:	January 22, 2025	**Version :**	2
Effective Date:	February 22, 2025	**Replacement No.:**	L&D–MPP–011(1)
Review Date:	February 22, 2028	**No. of Pages:**	14

1. PURPOSE:

1.1 To standardize and streamline the health care provided in L&D and to elaborate on lines of communications.

2. DEFINITIONS:

2.1 **Analgesia**- is the absence of sensation to pain, whereas anesthesia is the absence of all pain sensation.

3. POLICY:

3.1 Pain relieve is one of the most important rights of the patient when admitted with pain and should be offered whenever possible.
- 3.1.1 Narcotics like Pethidine should only prescribed by physician.
- 3.1.2 The Narcan antidote of Pethidine should always be possible.

4. PROCEDURE:

4.1 At admission pain assessment is done by admitting physician.

4.2 When in active Labor give:

- 4.2.1 Pethidine:
  - 4.2.1.1 If the weight of the women > 60 kg 100mg IM followed by 100 mg IM 4–6 hours later for maximum 3 doses.
  - 4.2.1.2 If the weight of the women <60 kg 50mg IM x 2 doses 4–6 hours apart for maximum 3 doses.
  - 4.2.1.3 Always administer an antiemetic Metoclopramide 10 mg IM with first dose.
- 4.2.2 Entonox (50% O2 and 50% NO2). This is the standard method in MCH.
  - 4.2.2.1 Contraindicated if there is history of Asthma.
  - 4.2.2.2 Contraindicated if there is a history of Spontaneous Pneumothorax.
  - 4.2.2.3 Consider whether its use is appropriate for the patient at that time.
  - 4.2.2.4 Check the apparatus is functioning.
  - 4.2.2.5 Must be self–administered via mask or mouth piece.
  - 4.2.2.6 Provide intermittent inhaled nitrous oxide via facemask with a demand valve attached to a properly scavenged breathing circuit.
  - 4.2.2.7 Patient's instruction, see Appendix A.

5. MATERIALS AND EQUIPMENT:

5.1 N/A

5. RESPONSIBILITIES:

6.1 Physician
6.2 Nurse
6.3 Pharmacist

6. APPENDICES:

7.1 Narcotics Drug Prescription
7.2 IPP Admission to L&D
7.3 Instruction for Intermittent Nitrous Oxide (Nitronox) Inhalation
7.4 Flowsheet for Epidural Anesthesia during Labor

7. REFERENCES:

8.1 Russel R. Scrutton M and Porter J (1997) Indications and Contra-Indications in Pain relief in Labour Ed by Reynolds F, pgs 137 – 150 BMJ Publishing Group, London.
8.2 Yentis S.M et al in Analgesia, Anaesthesia and Pregnancy: A practical guide 2001; 62 W.B. Saunders, London.
8.3 Elbourne, D. & Wiseman R. (1999). Types of Intra-muscular opioids for maternal pain relief in labour
8.4 CBAHI Standard 3rd Edition 2016.
8.5 MOH, Guidelines for Obstetrics and Gynecology, Clinical Policies and Procedures.

8. APPROVALS:

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Appendix A

Instruction for Intermittent Nitrous Oxide (Nitronox) Inhalation.

- Instruct patient in the technique to slow, deep breaths with constant verbal contact with care provider); provide reasonable expectations for pain relief and possible side effects such as dizziness or nausea.
- IV access & pulse oximetry may be necessary if increased maternal sedation occurs.
- Adecuate scavenging of WAGs is recommended (so threshold values of waste anaesthetic gases do not exceed 50ppm).
- Caution is recommended in administering nitrous oxide after previous administration of opioids as it can cause additional sedation possible unconsciousness and airway compromise.
- Inhalation should start 50 seconds before the peak of the contractions or the moment the contractions is felt. Inhalation should cease once the contractions has receded.
- Encourage the woman to remove the mask between contractions and breathes room air normally. The drug is self-administered therefore only the woman should hold the mask in place.
- During second stage 2–3 deep inhalation of nitrous oxide can be taken before each push.
- Additional analgesia during second stage such as pudendal block or infiltration of local anaesthetic into the perineum may be considered.

KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: _____ مستشفى:

Region: _____ المنطقة/المحافظة:

Dept./Unit: _____ القسم/الوحدة:

MRN: رقم الملف الطبي:

Name: الاسم:

Nationality: الجنسية:

Age: العمر: يوم Days شهر Months سنة Years

Date of Birth: _____ / _____ / 14____ H تاريخ الميلاد: _____ / _____ / 20____

Gender: ☐ Male ☐ Female الجنس:

NARCOTIC DRUG PRESCRIPTION

Narcotic No.:

Inpatient

Date : ____/____/____

Weight of the Patient: kgs. الوزن Height of the Patient: cm الطول Time : am / pm

Pregnant: ..... حامل Lactating: ..... مرضع

Allergies: ..... الحساسية

Diagnosis: ..... التشخيص

.....

.....

Drug Name: ..... اسم الدواء

Dose Required: ..... الجرعة ومدة استخدامها

.....

.....

Route of Administration: ..... طريقة اخذ الدواء

Date of Prescription: ____/____/____ Hijri Date: ____/____/____ Time of Prescription: ..... تاريخ ووقت الوصفة

Consultant In-Charge: ..... اسم الطبيب

Prescribers Stamp / Signature: ..... توقيع وختم الطبيب

اسم وتوقيع رئيس-رئيسة قسم التمرض Head Nurse	اسم وتوقيع الطبيب الذي اشرف على اعطاء الحقنة Administered Nurse	اسم وتوقيع الممرضة التي اعطته الحقنه Administration Physician
Name:	Name:	Name: .....
ID No.:	ID No.:	ID No.: .....
Sign:	Sign:	Sign: .....
Stamp:	Stamp:	Stamp: .....

Quantity Dispensed: .....

Discarded Amount of Remained Drug: .....

Witnessing Nurse Name and Sign: ..... Witnessing Physician Sign and Stamp: .....

Dispensed by: ..... ID No.: ..... Signature: ..... المسئول عن الصرف
(Pharmacist)

Received by: ..... ID No.: ..... Signature: ..... اسم مستلم الوصفة

Date Received: ..... Time: ..... التاريخ- الوقت

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Dept./Unit: _____ القسم/الوحدة:

MRN: | | | | | | | | | | | رقم الملف الطبي:

Name: _____ الاسم:

Nationality: _____ الجنسية:

Age: _____ سنة Years ____ شهر Months ____ يوم Days العمر:

Date of Birth: ____ / ____ / 14____ H ____ / ____ / 20____ تاريخ الميلاد:

Gender: ☐ Male ☐ Female الجنس:

LABOR AND DELIVERY NURSING INITIAL ADMISSION ASSESSMENT FORM

I. ADMISSION DATE: (dd/mm/yy) ____/____/____ **TIME:** ____

II. ADMISSION DIAGNOSIS: ____

III. ADMISSION SOURCE: ____ **MODE OF ARRIVAL:** ____

❑ ER ❑ OPD/ Clinic ____ ❑ Walking ❑ Wheelchair
❑ others ____ ❑ Day care ❑ Stretcher / Bed ❑ Others ____

INFORMATION SOURCE: ❑ Patient ❑ Family ❑ Old Records ❑ Not Available

IV. ALLERGIES: ❑ Yes ❑ No **If yes , include medication , food and food products** ____

V. DATE & TIME:

Onset of: ❑ Labor ❑ ROM ❑ Bleeding

Booked: ❑ Yes ❑ No - If no, give reason: ____

Details	Name of Clinic		Gest. Age at first Booking	No. of visits
Hb	Bld. Grp.		RPR/VDRL	HIV

Problems at ANC ____

VI. VITAL SIGNS:

Temperature:	Respiratory Rate:	Weight:	Pain Score:
Pulse:	BP:	Height:	

VII. LEVEL OF CONCIOUSNESS: ❑ Alert ❑ Stupurous ❑ Lethargic ❑ Coma

VIII. POSITION: ❑ Prone ❑ Supine ❑ Fowler's ❑ Semi-fowler's ❑ Others: ____

IX. RESPIRATORY STATUS: (AIRWAY)

- Maintains own	❑ Mechanical Ventilator ❑ SIMV ❑ Spontaneous ❑ CMV FiO2 ____ O2 ____ RR ____ PEEP ____ TV ____	❑ ETT size ____ ❑ TT size ____ ❑ Oral airway size ____ ❑ Nasal airway size ____ ❑ Oxygen at ____ LPM ❑ Mask ❑ Nasal cannula

X. ABDOMINAL EXAMINATION:

Gestational Age	By dates		Palpation		SFH		Sonar	
Lie			Level of head (in fifths)					
Presentation			Attitude					
Liquor volume	Normal	Scanty	Polyhydramnios	EFW				
Contractions	Yes	No	Unsure	Less than 20 sec	20-40 sec	Greater than40 sec	FH	Normal	Abnormal	Absent

Type of FH abnormality

XI. VAGINAL EXAMINATION:

Speculum	Liquor			Blood		Cervix	
Digital Exam	Cervix	Thick	Thin	Oedematous	Not felt	Application	Good / Poor
Cervical Dilatation				Effacement		Position	
Presentation						Moulding	OP 0 + ++ +++
Station	-3	-2	-1	0	+1	2	3		PP 0 + ++ +++
Attitude	Well Flexed		Deflexed					Caput	Present / Not present
Liquor	Clear	MSL	Grade	I	II	III		Blood Stain	Offensive
Pelvic assessment	Adequate			Doubtful				Inadequate	

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I. STAGE OF LABOR:

❑ Stage 1 | ❑ Stage 2 | ❑ Stage 3 | ❑ Stage 4

RISK FACTORS

❑ Maternal | ❑ Fetal | ❑ Labor

Definitions:

ROM: Rupture of Membranes
CVS: Cadiovascular system
SFH: Symphysio-fundal height
FH: Fetal Heart
RPR: Rapid Plasma Reagent
VDRL: Venereal disease research laboratory
MSL: Meconium stained liquor
OP : Occipito- posterior
HIV: Human Immunodeficiency virus
PP : Parieto-parietal
EFW: Estimated fetal weight

II. BREATHING:

a. Rhythm
❑ Regular
❑ Irregular
❑ Paradoxical

b. Depth
❑ Normal
❑ Shallow
❑ Deep

c. Quality
❑ Normal
❑ Labored
❑ Stridor
❑ Crackles

d. Cough
❑ None
❑ Productive
❑ Non- productive

e. Bronchial/ Lung sound
❑ Normal
❑ Wheeze
❑ Rhonchi

III. CIRCULATION:

a. Pulse
❑ Regular ❑ Irregular
❑ Normal ❑ Weak
❑ Bounding

b. Skin
❑ Normal ❑ Pale ❑ Flushed
❑ Warm ❑ Cyanotic ❑ Jaundice
❑ Mottled ❑ Cool ❑ Dry
❑ Diaphoretic ❑ Oedema

c. IV Fluids _____
at _____ ml. level _____ drops per minute
IV Fluids _____ at _____ cc. level _____ drops per minute

IV. NUTRITION:

Diet:
❑ Regular
❑ Special
❑ Fluid restriction
Amount: _____

Alternative route:
❑ NGT (size) _____
❑ GT (size) _____
❑ TPN _____

Appetite:
❑ Good
❑ Fair
❑ Poor
Comment: _____

Difficulties:
❑ Swallowing
❑ Nausea
❑ Vomiting
❑ Indigestion

Nutritional Screening:
(Refer to dietitian if any of the below apply)
❑ Malabsorption
❑ Diabetes
❑ Renal disease
❑ Liver disease
❑ BMI less than19 or greater than 40
❑ Unable to take oral feeds
❑ Others: _____
Referred: ❑ Yes ❑ No

V. ELIMINATION:

a. Bowel movement
❑ Normal ❑ Loose
❑ Constipation ❑ Colostomy
❑ Diarrhea

b. Urine
❑ Normal ❑ Amber
❑ Polyuria ❑ Cloudy
❑ Oliguria ❑ Hematuria
❑ Foley catheter Fr _____

VI. OTHERS: (Gastric tubes, dressing, restraint (cuff), pressure sore) _____

XVIII. ADOLESCENT ASSESSMENT (13-17 years old) - Not Applicable

Smoking: ❑ Yes ❑ No If yes, how many cigarettes each day? _____
Alcohol: ❑ Yes ❑ No If yes, how often? _____ /week
Use of "street drugs" such as marijuana, ecstacy and others? ❑ Yes ❑ No If yes, which ones? _____
Psychosexual problems: ❑ Yes ❑ No Others: _____

NOTE: Please fill-up the data required completely and legibly. Put check (✓) if applicable. Use military time on your documentation. Affix your initial, date and time at the bottom of each page.

RN Initial/Date/Time: _____

Name: الاسم:	MRN: رقم الملف الطبي:

XIX. MEDICATIONS BROUGHT FROM HOME: (Include Homeopathic Remedies) ❑ No ❑ Yes

Medication	Dose	Route	Frequency	Last Dose	If unable to take, why?

XX. LOCATION OF MEDICATION:

❑ None ❑ Given to Pharmacy ❑ Given to family ❑ Given to patient care area

XXI. FUNCTIONAL SCREENING:

If patient needs assistance with any of the following refer to rehabilitation Date:

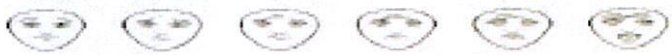
Physical therapy	❑ Mobility in bed	❑ Transfers	❑ Walking
Occupational therapy	❑ Eating	❑ Toileting	❑ Yes ❑ No
	❑ Washing	❑ Dressing	❑ Transfers
Speech therapy	❑ Swallowing		

XXII. PAIN ASSESSMENT SCALE:

A) NUMERICAL RATING SCALE: Pain Score 0-10 (0-nopain), (5- moderate pain), (10-worst possible pain)

PAIN SCORE:_____

B) WONG BAKER PAIN SCALE: (Please tick appropriate answer from "a" and "e" and fill up the questions ask from "b" to "d").



0 2 4 6 8 10

Intensity:

❑ 0 No pain ❑ 1-2 Mild pain, Annoying ❑ 3-4 Nagging pain, Uncomfortable ❑ 5-6 Miserable
❑ 7-8 Intense, Dreadful, Horrible ❑ 9-10Worst pain, Possible

C) BEHAVIORAL PAIN SCALE (To assess pain in ventilated, unconcious and/or sedated patients, please write appropriate answer and sum up).

CATEGORY	DESCRIPTION	SCORE	Patient's Score
FACIAL EXPRESSION	Relaxed	1	
	Partially tightened (e.g. brow lowering)	2	
	Fully tightened (e.g. eyelid closing)	3	
	Grimacing	4	
UPPER LIMBS	No movement	1	
	Partially bent	2	
	Fully bent, with finger flexion	3	
	Permanently retracted	4	
COMPLIANCE WITH VENTILATION	Tolerating movement	1	
	Coughing with movement	2	
	Fighting with ventilator	3	
	Unable to control ventilation	4	
	PATIENT'S TOTAL PAIN SCORE		

Scoring: - 0-3 No pain - 4-6 Mild pain - 7-9 Moderate pain - 10-12 Severe pain

a.) Location: Where does it hurt? **b.) Onset:** When did the pain start?

c.) Duration: How long have you had this pain?

d.) Quality: ❑ Constant, on and off ❑ Radiating ❑ Dull or sharp ❑ Burning or pressure

XXIII. "BRADEN SCALE" SKIN RISK ASSESSMENT

(Write the appropriate answer and sum up from "a" to "f" to get the total score)

Category		Parameters	Score	Patients Score
a)	Sensory perception	No impairment	4	
		Lightly limited	3	
		Very limited	2	
		Completely limited	1	
b)	Moisture	Rarely moist	4	
		Occasionally moist	3	
		Very moist	2	
		Constantly moist	1	
c)	Activity	Walks frequently	4	
		Walks occasionally	3	
		Chair Bound	2	
		Bedfast	1	

Name: الاسم:	MRN: رقم الملف الطبي:

d)	Mobility	No limitations	4	
		Slightly limited	3	
		Very limited	2	
		Completely immobile	1	
e)	Nutrition	Excellent	4	
		Adequate	3	
		Probably inadequate	2	
		Very poor	1	
f)	Shear & Friction	No apparent problem	4	
		Potential problem	3	
		Problem	2	
		Significant problem	1	
"BRADEN SCALE" TOTAL PATIENT'S SKIN RISK ASSESSMENT SCORE				

Score of less than 16, patient is "at risk" for the development of pressure sores.

XXIV. "MORSE" FALLS RISK ASSESSMENT(Write appropriate answer and sum up from "a" to "f" to get the total score)

Category	Parameters	Score	Patient's Score
a)History of falling (immediate & in not less than three (3) month time)	No	0	
	Yes	25	
b) Secondary diagnosis (include meds risk) diuretics; benzodiazepines antihypertensives; corticosteroids"; drugs treating diabetes mellitus; polypharmacy (4 or more drugs)	No	0	
	Yes	15	
c) Ambulatory aids	None/ Bed rest/ Nurse assist	0	
	Crutches/ stick/frame	15	
	Furniture/walls	30	
d) Intravenous therapy	No	0	
	Yes	20	
e) Gait	Normal/ Bed rest/ Wheelchair	0	
	Weak	10	
	Impaired	20	
f.)Mental status	Oriented to own ability	0	
	Over estimates/ forget limitations	15	
"MORSE" FALLS TOTAL PATIENT'S RISK ASSESSMENT SCORE			

SCORING: 0-25 (Low risk) 30-55 (Medium risk) >55 (High risk)

XXV. PSYCHOSOCIAL

Unusual concerns about patient's physical/social status: ❑ Yes ❑ No ❑ Physician notified ..... (Date/Time) .....

XXVI. SOCIAL STATUS

❑ Single ❑ Married ❑ Lives alone ❑ Lives with family ❑ Lives with friends

XXVII. ORIENTATION TO UNIT / ENVIRONMENT

❑ Toilets ❑ Patient handbook ❑ Bed control / rails	❑ Phone ❑ Visiting Time ❑ Call Bell	❑ ID Band ❑ Patient's rights/responsibilities ❑ Safety Measures	❑ Visitors policy ❑ Smoking policy

XXVIII. EDUCATIONAL/GENERAL NEEDS

Repeated, unscheduled admissions	❑ Yes	❑ No
Newly diagnosed chronic/terminal illness	❑ Yes	❑ No
Family education needed for in-home care	❑ Yes	❑ No

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RN Initial/Date/Time: .....

Name: الاسم:	MRN: رقم الملف الطبي:

XXIX. PHYSICAL DEFICITS (Please write appropriate information in example.)

Cardiovascular: ❑ Yes ❑ No example	Musculoskeletal/Mobility: ❑ Yes ❑ No example
Respiratory: ❑ Yes ❑ No example	Skin/Wound: ❑ Yes ❑ No example
Neurological: ❑ Yes ❑ No example	Cognitive/Mental: ❑ Yes ❑ No example
Sensory/Speech: ❑ Yes ❑ No example	Endocrine: ❑ Yes ❑ No example
Gastrointestinal/Nutritional: ❑ Yes ❑ No example	Language Barrier: ❑ Yes ❑ No example
Genitourinary: ❑ Yes ❑ No example	Other Concerns:

XXX. DISCHARGE PLANNING

SOCIOECONOMIC NEEDS:		
Lack of needed caregiver; family support	❑ Yes	❑ No
At risk of abuse or neglect	❑ Yes	❑ No
Inadequate resources: insurance, financial	❑ Yes	❑ No
Foster parent, guardian etc.	❑ Yes	❑ No
Inadequate or inappropriate post hospital plans	❑ Yes	❑ No
ENVIRONMENTAL NEEDS:		
Change in living arrangements	❑ Yes	❑ No
In-home care or equipment	❑ Yes	❑ No
Vocational and/or role loss	❑ Yes	❑ No
Inability to complete ADL	❑ Yes	❑ No
PSYCHOLOGICAL NEEDS:		
Potential of harm to self or others	❑ Yes	❑ No
Suspected drug or alcohol abuse	❑ Yes	❑ No
Inappropriate patient/family behaviors	❑ Yes	❑ No
Difficult adjustment to diagnosis (acceptance or diagnosis)	❑ Yes	❑ No

REFERRAL INDICATED: ❑ Yes ❑ No

Referral sent to: ❑ Social Services ❑ Home Care ❑ Other

High risk indicated but no referral sent, why?

Name: _____ الاسم:	MRN: رقم الملف الطبي:

XXXI. PROBLEM SUMMARY LIST "ACTION : REFER TO MULTIDISCIPLINARY PLAN OF CARE FORM"

SERIAL NUMBER	ASSESSMENT / PATIENT NEEDS FINDINGS

RN NAME | Signature | Designation

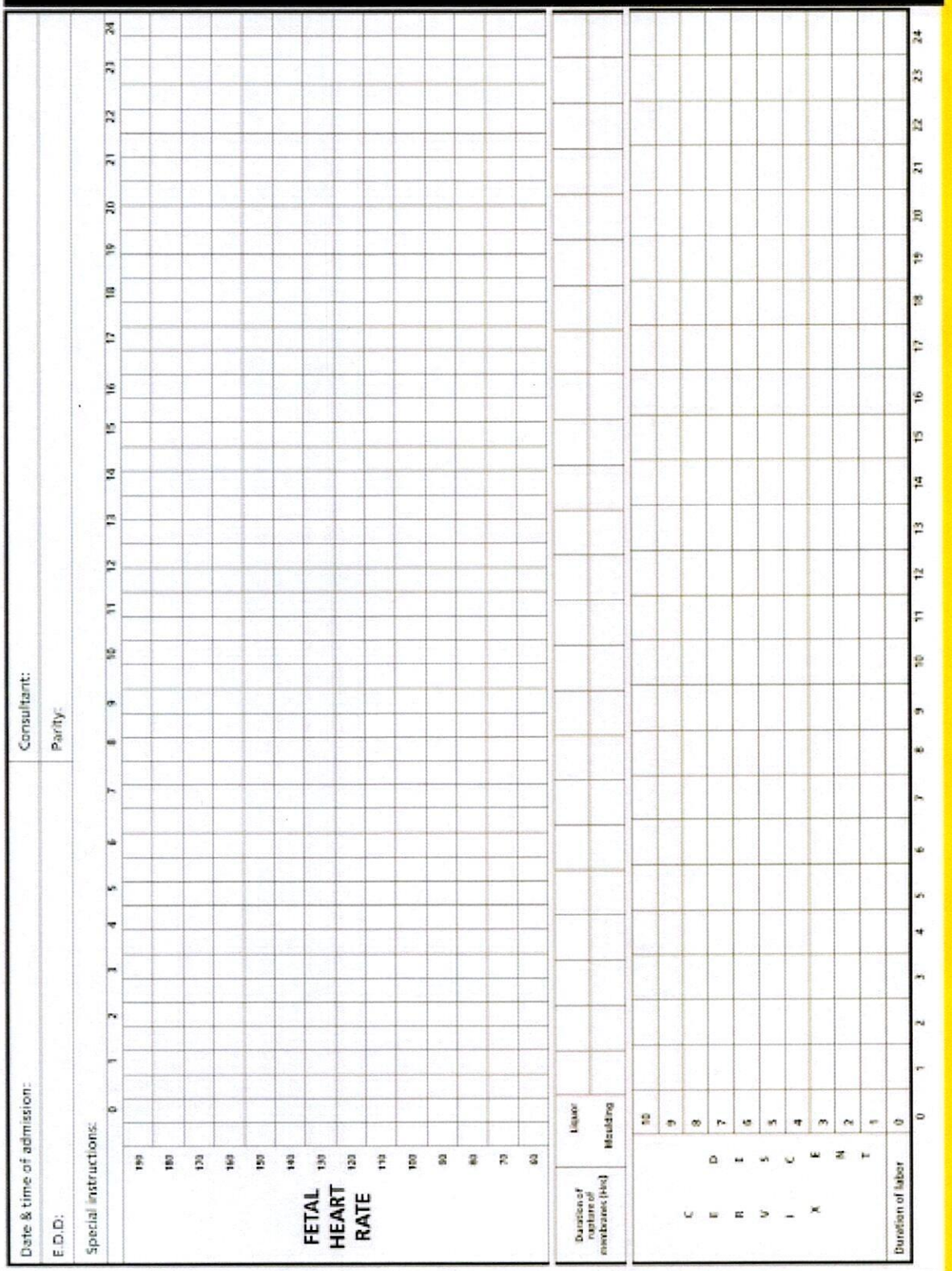
Job number | Date (dd/mm/yy) | Time

NOTE: Please fill-up the data required completely and legibly. Put check (√) if applicable. Use military time on your documentation. Affix your initial, date and time at the bottom of each page. Draw a line across empty spaces.

Name:_____ الاسم:

MRN: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] رقم الملف الطبي:

PARTOGRAM



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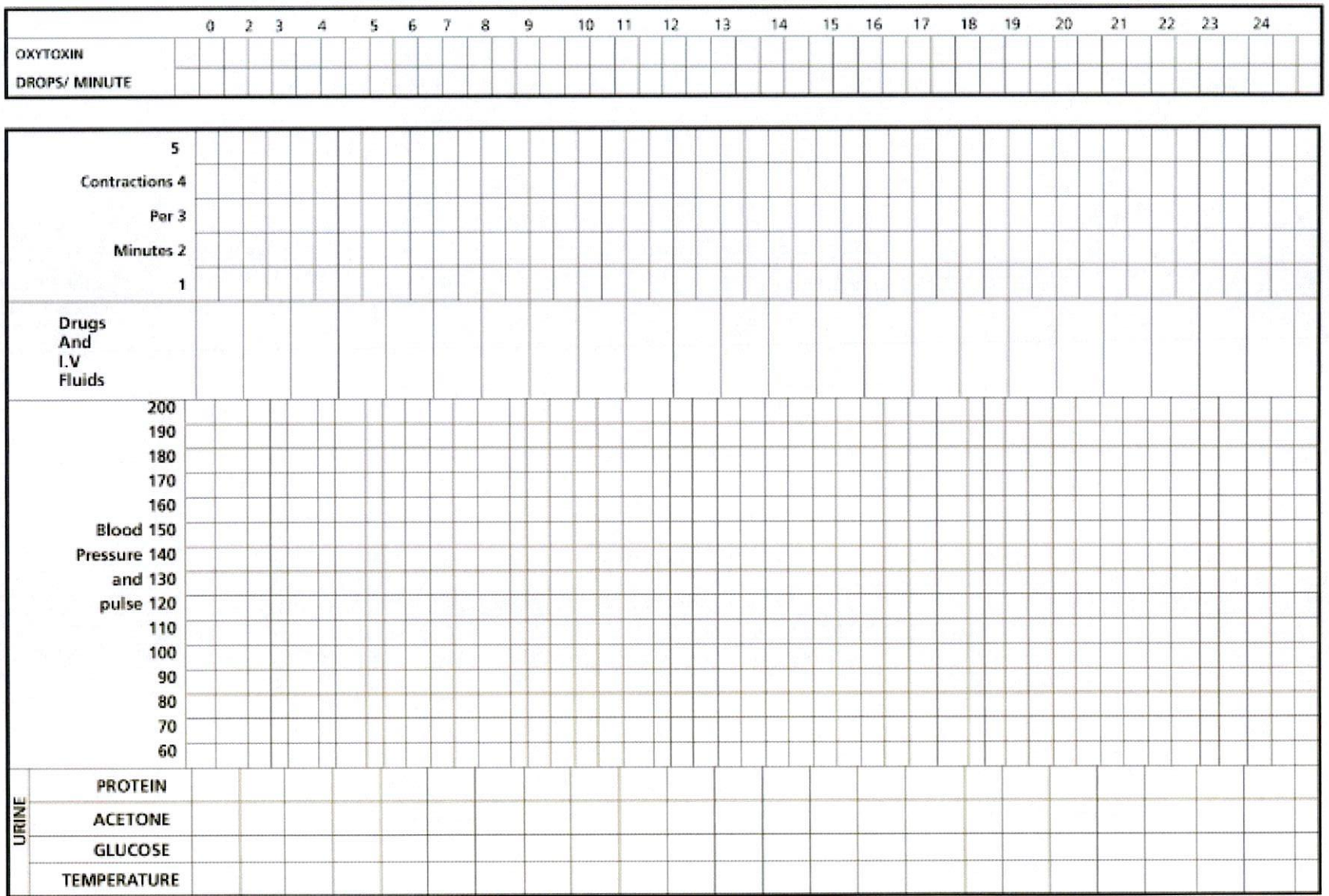

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Hospital: _____ مستشفى:

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MRN: |_|_|_|_|_|_|_|_|_|_| رقم الملف الطبي:

Name: _____ الاسم:

Nationality: _____ الجنسية:

Age: _____ ☐ سنة Years ☐ شهر Months ☐ يوم Days العمر:

Date of Birth: ____/____/14____ H ____/____/20____ تاريخ الميلاد:

Gender: ☐ Male ☐ Female الجنس:

FLOWSHEET FOR EPIDURAL ANALGESIA DURING LABOUR

Maternal	Age:	Weight;	Height
	Relevant Medical Condition:		Time of procedure: before labour , Cervix < 5 cm
	Parity: Primigravida , Multigravida	Labour: spontaneous , induced	Time of procedure:

Epidural block	Spaced Used	Loss of Resistance	Needle size	Depth of epidural-space	Length of Catheter to skin	Blood in Catheter
	L 3/4 , L 2/3	Air , fluid, mixed	14, 16, 18	4,5,6,7,8,9 cm	10,12,13,14,15,16,17 cm	☐ Yes ☐ No

Doctor's Order	Test Dose	Initial Loading Dose	Continuous infusion: concentration & rate

	15	30	45	15	30	45	15	30	45	15	30	45		
200													99%	HR •
													9	
180														BP v
													8	
160														^
													7	RR X
140														
													66%	O2Sat O
120													6	
														level Δ
100													5	
80													4	Motor
													33%	block #
60														
													3	
40														Pain
Epi Solution													2	Score
Ephedrine														
Atropine													1	P

Complication

☐ IV Injection ☐ Dural Tap ☐ Intrathecal- Inj.

☐ Dizziness ☐ Tinnitus ☐ Metallic Taste

☐ Rapid Onset ☐ Block Extending ☐ Dyspnea

☐ Hypotension ☐ Bradycardia ☐ Nausea or Vomiting

☐ Pruritis ☐ Restless ☐ Shivering

Time of catheter removal: _____

Anesthesiologist Name: _____ Stamp&Signature: _____ Date: __/__/__

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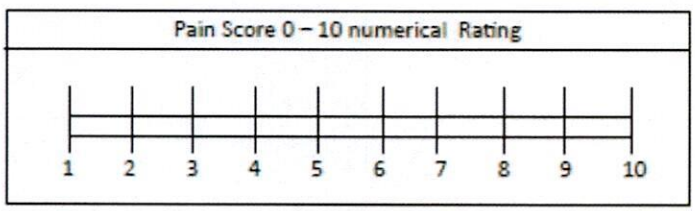
Name:_____ الاسم:	MRN: رقم الملف الطبي:

INSTRUCTIONS

1. Keep patient in lateral position.
2. Turn patient from side to side every one hour.
3. Narcan and Ephedrine must be available.
4. BP, Heart Rate and Respiratory Rate should be measured every half an hour.
5. Pain, sensory and motor block scores will be measured hourly.

Numerical Rating Scale(NRS):



Motor block score

- 0 No block (full flexion of knee and feet is possible).
- 33% Partial block(just able to flex knees, still full flexion of feet is possible)
- 66% Almost complete block (unable to flex knees, still there is flexion of feet).
- 100% Complete block (unable to move legs or feet).

Sensory Level: Records upper level only.

EQUIPMENT:

- Disposable packed epidural set in a sterile fashion include (Tuohy needle, eye sheet, catheter, 5 cc syringe with low resistant blunger. Bacterial filter...).
- All equipment and drugs used should be sterile.
- Drugs should be preservative free.
- Bupivacaine 0.25%.
- Fentanyl 100 mcg ampoule preservative free.
- 2 cc syringe for local anesthesia.
- 1% Xylocaine for local infiltration
- Normal saline for drugs dilution.
- Povidone and alcohol for skin sterilization.
- A syringe pump apparatus with 50 cc syringe + extension tube (low volume).
- Sterile gloves.
- Sterile opsite adhesive dressing and gausses.

How to prepare the epidural solution:

- Take 1 ampoule Fentanyl (2 ml=100mcg) + 1 via Bupivacain 0.25% (20 ml).
- Dilute the mixture to 50 ml normal saline in 50 cc syringe(1ml from the solution = 1 mg Bupivacaine+2 mcg Fentanyl)
- Connect the 50 cc syringe to the extension tube (low volume) , fix it in the syringe pump.
- Connect it to the epidural tube and start with rate 8 – 12 ml /H.