Epidural Troubleshooting

**Disconnection**

Cover both ends with sterile tegaderm

**Disconnection of catheter between skin & filter**

Unwitnessed ★
- Notify APS
- Check for elevated bleeding risk*
  - Risk Not Elevated Remove epidural catheter
  - Monitor for delayed risk of Epidural infection / Epidural abscess

Witnessed ★★ Disconnection
- Local anaesthetic level in tubing must be visible within 12.5cm of disconnected end
- Clean catheter with betadine – 10 cm either side of proposed cutting point (Do not use product containing chlorhexidine)
- Allow betadine to dry and cut 25 cm from disconnection point & attach a new filter**

Maintaining asepsis
- Replace filter and pump line

**Disconnection between pump & filter**

Reconnection should only be considered after discussion of case with APS Consultant

- Clean catheter with betadine – 10 cm either side of proposed cutting point (Do not use product containing chlorhexidine)
- Allow betadine to dry and cut 25 cm from disconnection point & attach a new filter**

**When troubleshooting epidurals:**
- Check epidural is connected & running
- Epidural infusion rate and concentration as prescribed
- Insertion site: catheter depth, dressing intact, tenderness
- Check dermatomes with ice (sensory block)
- Check motor block (Bromage score)

**To be performed by Anaesthetic Department Only**

* Elevated bleeding Risk – Ensure INR < 1.3, APTT < 38, Plat ≥ 100 (If platelets less than 100 discuss with consultant). No Prophylactic LMWH within 12hrs and heparin within 6 hours. If on therapeutic dosing consult with APS/on call consultant or inserting anaesthetist