

## QUICK UCSD LABOR AND DELIVERY EPIDURAL GUIDE

**LABOR EPIDURAL** – placed at **L2/3** or **L3/L4**, since labor pain innervation spans from T10 to S4

- **Test dose – 3 cc lidocaine 1/5% w/ EPI** – in the kit
  - o Possibly positive for IV injection if HR increases > 15% or patient reports ringing in ears, metallic taste in mouth
  - o Intrathecal injection would cause rapid leg numbness
- **Loading Dose** – can vary based on pain intensity and labor progress
  - o **10 cc epidural bag mix** (bupivacaine 0/125% + fentanyl 2 ug/cc)
  - o **10 cc 0.125% - 0.25% bupivacaine**
  - o can supplement w/**fentanyl** 50–100 ug epidural (helps pressure pain)
- **Maintenance Infusion**
  - o **PCEA:** default setting **10 cc/hour basal rate** with **5 cc PCEA dose** with **20 minute lockout**
- **Pain Bolus**
  - o Assess epidural block distribution with ice or pin-prick
  - o If block not high enough need more **VOLUME** (5-8 cc)
  - o If block high enough but still pain --> **more concentrated local**
    - **Bupivacaine 0.25%** or consider **lidocaine**
  - o If pressure pain in back or butt --> **epidural Fentanyl** is your friend
  - o **One-Sided Block** – pull catheter back 2 cm, place patient painful side down, and generously bolus
    - Successful – **yeah!**
    - Unsuccessful --**REPLACE EPIDURAL**

### **C-SECTION Dosing of In-Situ Epidural**

- **Non-Urgent** – Lidocaine 2% + bicarb (9:1 ratio) – titrate to **T4 sensory level** with intermittent 5 cc boluses
- **Urgent** – consider dosing lidocaine 2% more quickly or using larger volume of **Chloroprocaine 3% + bicarb, 10-20 cc epidural push**
  - o Chloroprocaine has SHORT duration and will need to be re-dosed in half hour or so
- Consider **100 micrograms epidural fentanyl** for synergy
- Give **Epidural Morphine 3 mg** at end of case
- **STAT C-Section** may need GA even with epidural in-situ – communicate with the OB team as to urgency.
  - o **Chloroprocaine 3%** can have a good epidural section ready in about 5 minutes.
- **After Delivery-** may supplement with IV pain meds or benzo prn

### **SPINAL FOR C-SECTION (no epidural in place)**

- **Bupivacaine 0.75% 1.6 cc + fentanyl 25 ug + duramorph 0.1 mg**
- Test for **T4 sensory level** with ice or pinprick prior to abdominal prep
- **Maintain BP** with **Phenylephrine** or **Ephedrine** PRN to avoid nausea

### **ALL C-sections**

- **Ancef 1-2 grams** unless allergy
- Patients get **BICITRA** PO pre-op from nurse
- Anti-emetics PRN
- **OXYTOCIN 20 units/Liter LR or NS** – infuse rapidly after cord clamping to establish uterine tone – may be asked to double concentration if tone is poor
  - o **Side effect is hypotension** – **treat with phenylephrine**
  - o Secondary uterine tone drugs are:
    - o **methergine 0.2 mg IM** - side effect is HTN, contraindicated pre-eclampsia
    - o **hemabate 0.25 mg IM** – side effect bronchoconstriction – avoid in asthma