

**The Ottawa Hospital
Acute Pain Service (APS)
EPIDURAL INFUSION (OPIOID/LOCAL ANESTHETIC)
DECREASING GUIDELINE FOR DOWNWARD TITRATION or SIDE EFFECTS**

CRITERIA FOR USE

DECREASING FOR DOWNWARD TITRATION

1. Adequate and stable analgesia previous 24 hours. Consider the complexity of patient, type of surgery
2. Not at lowest range ordered

OR

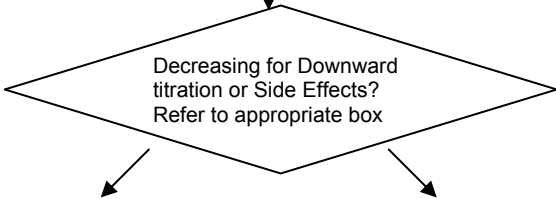
DECREASING FOR SIDE EFFECTS

1. Adequate analgesia AND one of more side effects
 - Level of sedation > 2
 - Systolic blood pressure drop ≥ 30 mmHg from pre-epidural baseline
 - Sensory level > 4 dermatomes above catheter insertion site
 - Motor block > 0 or Impaired ambulation, leg weakness
2. Not at lowest range ordered

DEFINITIONS:
Assess:
 Pain: rest / activity
 Level of sedation
 Blood Pressure
 Sensory Block
 Motor Block

Adequate Analgesia:
 VAS ≤ 3 rest, ≤ 5 activity;
 pain not preventing movement; satisfied with pain control (use clinical judgment if pain scores do not meet criteria)

1. Decrease infusion by 2 ml/hr.
 2. Assess in 4 hours.



DECREASING FOR DOWNWARD TITRATION

If inadequate analgesia

1. Administer Nurse Controlled Bolus of 4 ml
2. Increase infusion rate to previous rate.
3. Re-attempt downward titration in 24 hours

OR

If adequate analgesia

1. Maintain infusion rate x 24 hours.
2. Assess q 4 h
3. Decrease by 2 ml/hr, q24 h, if criteria maintained and until ready for weaning. Do not exceed lowest range. Communicate plan for downward titration on patient care plan

DECREASING FOR SIDE EFFECTS

If Inadequate analgesia

1. Call APS

OR

IF adequate analgesia and no side effects

1. Maintain infusion rate
2. Assess q 4 h.

OR

IF adequate analgesia and side effects

1. Decrease infusion by 1- 2 ml/hr. Do not exceed lowest range.
2. Assess in 4 hours

↓

After 4 hours, if inadequate analgesia, call APS **OR** if adequate analgesia and no side effects, maintain infusion rate. Assess q 4 h.