The Ottawa Hospital
Acute Pain Service
EPIDURAL INFUSION (OPIOID/LOCAL ANESTHETIC) WEANING GUIDELINE

CRITERIA FOR USE

1. **Adequate Analgesia with movement**
2. **Patient able to take oral analgesia as ordered by surgical service**
3. **Consider the complexity of patient, type of surgery, location (pain not related to surgical incision), NPO status, discharge plans**

DEFINITIONS:
Assess:
Pain: rest/ activity
Level of sedation
Respiratory rate

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

Is rate ≤ 4 ml/hr ?

No

1. Continue with Acetaminophen and NSAID if ordered
2. Decrease infusion by 50 % and administer oral opioid as ordered. Administer SC/IV opioid for breakthrough.
3. Assess in 4 hours

1. Discontinue infusion.
2. Continue with Acetaminophen and NSAID if ordered
3. Continue with oral opioid as ordered. Administer SC/IV opioid for breakthrough. If inadequate analgesia give the maximal oral dose ordered.
4. Assess in 4 hours

Yes

1. Continue with Acetaminophen and NSAID if ordered.
2. Discontinue infusion and administer oral opioid as ordered. Administer SC/IV opioid for breakthrough
3. Assess in 4 hours

1. Discontinue pump.
2. Continue with Acetaminophen, and NSAID if ordered
3. Continue with oral opioid as ordered. Administer SC/IV opioid for breakthrough. If inadequate analgesia give the maximal oral dose ordered.
4. Remove epidural catheter. Refer to guidelines for epidural removal during anticoagulant therapy.
5. Document "D/C APS as per guideline" on physician order sheet.

GUIDELINES FOR EPIDURAL REMOVAL DURING ANTICOAGULANT THERAPY

Unfractionated Heparin Subcutaneous (Prophylaxis dose): Remove catheter 2 hours before next dose heparin.

Low Molecular Weight Heparin (LMWH) - Once Daily Dose (Prophylaxis dose): Remove catheter 2 hours before next dose
LMWH - Twice Daily dose: Call APS for patient specific orders on removal of epidural. *

Unfractionated Heparin Infusion: Call APS for patient specific orders on removal of epidural. Monitor motor/sensory q4h x 24 hrs post removal. *

Warfarin: .Call APS for patient specific orders on removal of epidural. *
NOTE: If the catheter was removed when the INR was > 1.5, continue to assess motor and sensory function q4h for 48 hours

* Refer to the Nursing Policy - Epidural Infusions for the usual recommendations