

Childbirth epidural/labour

- Contraindications:**
- Skin infection locally
 - Hemostasis disorder
 - Hypovolemia

Blood testing/sampling before epidural:

- Mild preeclampsia: samples within 6 hours: platelets
- Severe preeclampsia, samples within 2 hours: platelets, PT/INR, APTT
- IUFD, samples within 4 hours: platelets, PT/INR, APTT

Medicines, dosage and pump

- Bupivacaine 0.6 mg/ml + Sufentanil 0.5 µg/ml by pharmacy to 100 ml
- Initial bolus dose is given manually by an anesthesiologist 6 + 6 ml.
- 12 ml is withdrawn from the unsterile medicine bag.

PCEA, i e continuous + PCEA:

- Continuous infusion 5 ml/hour
- Patient-administered bolus dose 5 ml
- Blocking time (respice time) 30 minutes

Continuous infusion: > 8 ml/hour

- Midwife administered loading dose:**
- Charging dose 5 ml, 1 once/hour.

TOP-UP labor Epidural for surgery

• ACUTE SECTIO

- Sufentanil 5 µg/ml, 2-4 ml = 10-20 µg
- Ropivacaine 7,5 mg/ml, 15-20 ml.
- Morphine special 0,4 mg/ml, 5 ml = 2 mg
(given postpartum - caution in high distribution)

• PLACENTA RESOLUTION/SUTURE OF VAGINAL BIRTH INJURY

- Sufentanil 5 µg/ml, 2-4 ml = 10-20 µg
- Ropivacaine 7,5 mg/ml, about 10 ml

LARGE POSTPARTUM BLEEDING

Bimanual uterine compression/Aortic compression. Lowered head end. Coarse needles.

ROTEM (TEG), HGB, TPK, platelets, PT/INR, Fibrinogen, D-dimer, antithrombin, i-Ca, Blood gas, Temp

Syntocinon -> Methergin -> Prostifinem -> Cytotec. AB + tranexamic acid

Ringer's lactate 1000 ml (Heta starch 2 L), Voluven 500 ml - max dose 1 l, 0 neg blood

- E-conc/plasma/platelet 4:4:1, Fibrinogen 4 g, coag. factors, antithromb at < 0.5 KIE/ml
- Discontinue inhalation anesthesia? Propofol/Ketamin ? Optimize N₂O/O₂ + Fentanyl

GENERAL ANESTHESIA AT ALARM SECTIO/ELECTIVE SECTIO:

- Allergies? Previous illnesses? Respiratory assessment!
- Preoxygenate 3-5 minutes alt. 8 large breaths.
- Optimize sniffing position - if obes/short neck = pillow under shoulders

(Inj Alfentanil 10 µg/kg alt 100 µg nitro iv in severe preeclampsia)

Inj Thiopentone (Sodium-Pentothal) 5-7 mg/kg iv (350-450, rarely below 500 mg)

Inj Suxamethonium 1 mg/kg iv (by actual weight)

- Anesthesiologists intubate and confirm with ET CO₂.

- If necessary ProSeal according to "Unexpected intubation difficulty during caesarean section"

- Anesthesiologists announce when surgery may begin.

Ventilate with O₂ 50%, N₂O 50% and Sevoflurane ET 1.2-1.3%.

- Anesthesia nurse inserts extra needle and infusion.

When the child is out:

- Inj Fentanyl 200 - (400) µg iv.

- Gastric - probe

For postoperative pain relief:

- Inj Morphine 0.15 - 0.2 mg/kg

- Inj Paracetamol 1 g iv

- Inj Toradol 30 mg iv - Observe contraindications

- Infiltration Bupivacaine 5 mg/ml in the wound, possibly TAP-block

- Prescribe PCA and fill in protocols.

SPINAL DOSE

DELIVERY SPINAL - SECTIO:

- Bupivacaine spinal heavy (gluc.) 5 mg/ml 1.8-2.2 ml = 9-11 mg

- Fentanyl 50 µg/ml 0.2 ml = 10 µg

- Morphine special 0.4 mg/ml 0.25 ml = 100 µg

SPINAL FOR VAGINAL DELIVERY: - for 1.5 - 2.5 hours of analgesia

- Sufentanil 5 µg/ml 1.5 ml = 7.5 µg

- Bupivacaine spinal 5 mg/ml 0.25 ml = 1.25 mg

Caution: Opiate in the last 6 hours, abnormal CTG curve, if contraindications to regional anesthesia

SPINAL IN DELIVERY INJURY/PLACENTAL RESOLUTION:

- Low spinal

- Bupivacaine spinal heavy (gluc.) 5 mg/ml 1.2-1.4 ml = 5-7 mg

- Fentanyl 50 µg/ml 0.2 ml = 10 µg