

**Vermont Board of Nursing
Position Statement**

**The Role of the RN in the Care of a Pregnant Woman
Receiving Analgesia/Anesthesia Through an Epidural Catheter**

Question: What is the role of the RN in the care of a pregnant woman receiving analgesia/anesthesia through an epidural catheter?

Definition(s)

Anesthesia: Loss of function resulting from pharmacologic depression of nerve function.

Analgesia: A neurologic or pharmacologic state in which painful stimuli are moderated such that, although still perceived, are no longer painful.

Anesthesia Provider: A Certified Nurse Anesthetist (CRNA) or Anesthesiologist (MD/DO).

Background

The physiologic and anatomic changes that occur during pregnancy increase the risk of complications as well as cardiovascular and central nervous system disturbances associated with the use of epidural analgesia/anesthesia. Complications impact both the mother and the fetus. Since the fetus is dependent on maternal physiology it can suffer effects of maternal physiologic changes first. Fetal effects may be significant with only minimal maternal compromise. Providers responsible for managing epidural analgesia/anesthesia must be prepared to manage complications in both the mother and fetus. Qualified, credentialed, licensed anesthesia care providers are trained to manage all anesthesia related complications; non-anesthetist registered nurses are not.

Position Statement which Reflects Nurse's Roles and Responsibilities

During the use of analgesia/anesthesia in the care of the pregnant patient the RN may:

- Monitor the patient's vital signs, mobility, level of consciousness, and perception of pain.
- Monitor fetal status.
- Replace infusion syringes or infusion bags with new, pre-mixed solutions containing the same medication and concentration as originally ordered by the anesthesia care provider.
- Increase/decrease rate of continuous infusion provided there is a provider's order and the provider is on site.
- Stop the continuous infusion when there is a safety concern or after the woman has given birth.
- Remove the catheter after receiving a specific order from a qualified provider if organizational education and competencies have been completed.
- Initiate emergency therapeutic measures according to organizational policy and/or protocol if complications arise.

Non-anesthetist registered nurses **should not:**

- Re-bolus an epidural either by injecting medication into the catheter or increasing the rate of a continuous infusion.
- Re-initiate an infusion once it has been stopped.
- Manipulate *Patient Controlled Epidural Anesthesia* doses or dosage intervals.
- Be responsible for obtaining informed consent for analgesia/anesthesia procedures; however, the nurse may witness the patient's signature for informed consent prior to analgesia/anesthesia administration.

References/Citations

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN - 2007) *Role of the Registered Nurse (RN) in the care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, Patient Controlled Epidural Anesthesia Catheters)*

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This opinion is subject to change as changes in nursing practice occur.