



PAIN MANAGEMENT WORKBOOK AND CERTIFICATION TOOLS FOR MIDWIVES

Including IV Narcotics and Epidural Management

Name:

Date workbook given out:.....

Date to be returned to Midwifery Educator by:



**TAIRAWHITI DISTRICT HEALTH
GENERIC MEDICINE MANAGEMENT
CERTIFICATE - OPIOIDS**

NAME: _____
Surname First Names

WARD/DEPT: _____ **EMPLOYEE ID #:** _____
(on payslip)

It is the employee's responsibility to ensure that all required certification is kept up to date.

Attendance at pain management study day

Signature: _____ Date: _____
(Name and designation of certicator)

Written test completed with 100% pass (commence workbook prior to study day)

Signature: _____ Date: _____
(Name and designation of certicator)

Clinical competence assessment

CODE	COMPETENCE DEMONSTRATED	DATE	CERTIFICATOR SIGNATURE (Name and Designation)
OM	Opioid management		
NIV	Direct injection of IV Opioid		

Send a copy of this form along with completed workbook for marking to:

- **The Midwifery Educator**

Successful completion will be entered onto the IV Certification Database and a certificate will be issued.

Retain the original for your own record.

OPIOID TEST FOR COMMENCING CERTIFICATION

Name: _____ Ward: _____ Date: _____

Please read all questions **carefully** and answer them as fully and as neatly as you can. Information regarding the questions can be found in the TDH IV Therapy Manual or 2009 Pain Management Handbook and Appendices and **it is recommended that the pain management handbook is read prior to attending the pain management workshop.**

All questions are compulsory to be completed and correct

The pass mark for this test is 100%.

Please answer all questions:

1. What is meant by the term 'balanced analgesia'? (*Handbook Section 3*)

2. What are the essential steps in establishing balanced analgesia? (*Handbook Section 3*)

3. Why is it important to give regular baseline analgesia? (*Handbook Section 3*)

4. How often should you complete pain scoring for a patient who **may** be experiencing pain?
(*Handbook Section 3*)

5. If a patient is asleep, do you assess them for pain?

6. You have a patient you need to assess for pain for the first time. Nominate a pain assessment system (i.e., numerical/faces etc). Explain the pain score chart you have chosen as if explaining this to the patient. (*Handbook Section 3*)

7. IV Opioids can only be given by certain people. (*IV Therapy Manual C43*)

a) *Who can give them?*

b) *Where would you find this information?*

8. How are opioids thought to relieve pain? (*IV Therapy Manual C43*)

9. Name 4 side effects that we **commonly** see in both adult and paediatric patients receiving opioids, especially when given parenterally. (*IV Therapy Manual C43*)

a) _____

b) _____

c) _____

d) _____

10. What baseline recordings need to be carried out before commencing a patient on IV Opioids?

(*Handbook Section 3*)

11. What recordings are required following administration of a bolus dose of IV opioid?

(*Handbook Section 3*)

12. In which situations would you avoid using IV Opioids? **Name 5.** (*IV Therapy Manual C43*)

1 _____
2 _____
3 _____
4 _____
5 _____

13. What is the most accurate way of assessing a patient's sedation at night?

14. What advantages does titrated intravenous opioids have over other routes, such as oral, intramuscular or subcutaneous administration? (*Handbook, Section 8*)

15. What does the term **first pass effect** in relation to opioids mean? (*Handbook Section 5*)

16. What implications does this have for the prescribing of oral opioids? (*Handbook Section 5*)

17. What are the requirements for disposing of unused opioid?

18. What is the antidote for opioids? (*Handbook Section 5*)

19. When narcotics are charted, who is responsible for ensuring naloxone is charted?
(*Handbook Section 5*)

20. Who can give naloxone? (*Handbook Section 5*)

21. What are the adverse effects of naloxone? (*Handbook Section 5*)

22. What is the adult dose of: (*Handbook Section 5*)
- a) Titrated naloxone? _____
- b) Rescue Naloxone? _____
23. What is the half life of naloxone and what implications does this have for the patient? (*Handbook Section 5*)
- _____
- _____
24. Cynthia has undergone a straightforward caesarean section with spinal morphine. You are the certificated midwife on duty. Cynthia has been stable since arriving on the ward, but has become significantly more drowsy and hypotensive in the last hour. Her vital signs are sedation score = 2, systolic B/P = 80mmHg, although her respirations are still within normal parameters. What are you going to do?
- _____
- _____
- _____
- _____
25. What does the term “opioid naïve” mean and what implications does it have for the use of these drugs? (*Handbook Section 3*)
- _____
- _____
- _____
26. What are the frequencies of observations for women post caesarean section who have had spinal morphine administered? (*maternity guideline postnatal care of caesarean sections*)
- _____
27. What observations should be included and why? (*maternity guideline postnatal care of caesarean sections*)
- _____
- _____
28. If the woman’s pain score is >4 during the first 24-48 hours post op and IV morphine is administered according to the IV morphine protocol on page 46, what observations should be subsequently completed?
- _____
- _____
29. Explain actions to take in the event of: (*IV Therapy Manual C43, Handbook Section 8*)
- a) *Respiratory depression*;
- _____
- _____
- _____

b) *Decreased level of consciousness;*

c) *Reduced systolic BP;*

30. What observations should be undertaken if a woman is given codeine phosphate for pain relief?
(*Handbook Section 4*)

When completed, send test to be marked to:

The Midwifery Educator

**DIRECT IV OPIOID INJECTION
CLINICAL ASSESSMENT**

Name: _____ **Ward:** _____ **Date:** _____

LEARNING OUTCOME

The Midwife is able to clearly demonstrate confidence and competence in the administration of a direct injection of Intravenous Opioid.

SKILLS		YES	NO
1.	Correctly prepares medication for injection		
2.	Explains procedure to the patient		
3.	Demonstrates administration of IV opioid under direct supervision of Certicator		
4.	Describes the procedure and rationale for monitoring of the patient (and when relevant, the baby).		
5.	Demonstrates (or describes) the correct procedure for discarding any unused narcotic.		

Assessor Name and Designation: _____

Assessor Signature: _____ **Date:** _____

EPIDURAL TEST FOR CERTIFICATION FOR MIDWIVES

Name: _____ Ward: _____ Date: _____

Please read all questions **carefully** and answer them as fully and as neatly as you can. This is an "open book" test and as such the pass mark is **100%**.

Section 1 - Pharmacology

(Handbook Sections 12 and 13 and epidural analgesia workbook for midwives)

1. Name the 2 *drug groups* commonly used for labour epidurals.

- a) _____
b) _____

2. State the actions of these drug groups:

3. List 3 of the main **side effects** associated with each drug group, noting the most serious side effect first

- a) _____ b) _____

4. Although rare, local anaesthetics can cause **toxicity**. This is most likely to occur through the inadvertent intravenous administration of the local anaesthetic. What signs/symptoms might you notice?

a) *What actions would you take should your patient report/exhibit any of the above symptoms?*

5. List **2 contraindications** for the use of local anaesthetic in the epidural solution.

1. _____
2. _____

6. Why is an opioid combined with a local anaesthetic in the epidural solution?

Section 2 - Anatomy

1. What are the three dural layers protecting the spinal cord?

1) _____
2) _____
3) _____

2. What is the average distance from the skin to the epidural space?

3. At what level does the adult spinal cord terminate?

4. Define the term dermatome

a. *Explain the reasons for a dermatome assessment?*

b. *How often should a dermatome assessment be performed on a woman with an epidural in labour?*

c. *Describe the methods used to assess the level of a sensory block.*

d. *Using the dermatome chart provided, label and identify anatomical markers (e.g. nipples) for the following levels:*

- i. T10 _____
ii. T12 _____
iii. T6 _____
iv. T4 _____
v. *What is the significance of these levels?* _____

Section 3 - Complications

1. Why is hypotension often a complication in women with epidural analgesia in labour?

2. List **five** possible complications of the epidural technique that can occur during, or following the insertion of an epidural (**not medication side effects**):

1.

2.

3.

4.

5.

3. If your woman's systolic blood pressure drops below the parameter established as acceptable by the anaesthetist (on the epidural monitoring form), what must you do?

4. Why is it imperative that venous access is maintained for a woman with an epidural?

5. Why is maintaining a fluid balance record important?

6. What would you do under the following circumstances?

a. A woman is still in pain after a top-up?

b. Just prior to injecting the top-up you notice blood in the epidural catheter?

c. *The dressing has a small perforation?*

d. *The woman's blood pressure is 80/50 prior to a top-up?*

7. If the woman reports pain in the region of the epidural and the site is inflamed, what would you do?

8. Describe the typical symptoms of a post dural puncture headache, and the steps you would take if a woman presented with them:

9. Describe the typical symptoms of an epidural haematoma, and the steps you would take if a woman presented with them:

Section 4 – Midwifery Responsibilities

1. What are the indications and contraindications for an epidural in labour?

a) *Indications:*

b) *Contraindications:*

2. Insertion of the epidural

a) *What observations of the woman and baby are needed before proceeding?*

b) *List at least 4 safety measures that should be available before an epidural is sited? Explain the reasons.*

1. _____
2. _____
3. _____
4. _____

c) *What observations need to be made after an epidural is inserted, and how often do they need to be made throughout the labour?*

3. What factors need to be taken into consideration when mobilising a woman who has an epidural in place?

4. List the documentation required for a woman receiving an epidural:

5. What is the purpose of performing sensory checks?

6. According to TDH Epidural Procedures Guidelines, who can check medication for epidural administration?

7. What checks would you carry out to ascertain if an epidural catheter is migrating out of the epidural space?

8. The patient is now postnatal and you are asked to remove the epidural catheter. Name the things you need to ensure prior to its removal.

When completed, send test to be marked to:

The Midwifery Educator

EPIDURAL ANALGESIA - CLINICAL ASSESSMENT

LEARNING OUTCOME 1

Midwife Name: _____

The midwife is able to explain their responsibilities for managing a woman with an epidural catheter.

SKILL		<u>MET</u> (Initial)	<u>NOT MET</u> (Initial)
1.a	States who can check and/or administer medication for epidurals according to the Medicine Management Policy		
1.b	Explains why it is important to have two registered health professionals present for checking at the bedside of the patient with an epidural		
2.	Describes the baseline monitoring required		
3.	Specifies monitoring required after a bolus dose		
4.	Explains the rationale for sensory checks		
5.	Explains how to verify catheter placement		
6.	States: 2 causes , and 4 CNS effects , of LA toxicity		
7.	Explains the procedure for a suspected catheter entry site infection		
8.	Describes the procedure for removal of epidural catheter		

Assessor Name and Designation: _____

Assessor Signature: _____ **Date:** _____

LEARNING OUTCOME 2

Midwife Name: _____

The midwife is able to set up and programme the pump for use in the administration of epidural analgesia.

	SKILL	MET (Initial)	NOT MET Initial)
1.	Identifies and locates the correct equipment, and explains the differences between an epidural and intravenous administration sets		
2.	Describes/demonstrates the correct preparation of equipment (e.g. priming the line, use of yellow <i>Epidural Line CAUTION</i> stickers)		
3.	Identifies/demonstrates correct connection of epidural infusion set to epidural filter, and can explain consequences of inadvertent intravenous administration of epidural drugs		
4.	Demonstrates correct installation of tubing in pump and explains purpose of administration set clamp and how it works		
5.	Demonstrates correct procedure for programming [a] primary infusion, and [b] a bolus dose, [c] patient controlled epidural analgesia.		
6.	Can alter primary infusion rate		
7.	Can demonstrate to the woman how to use the PCEA safely		
8.	Successfully commences infusion		

Assessor Name and Designation: _____

Assessor Signature: _____ **Date:** _____