Epidural Pump Workflow at Moffitt Long Hospital

This applies to ALL PATIENTS (ICU AND PACU)

1. Anesthesia provider places order for PCEA in APeX after epidural is placed.
2. Anesthesia provider calls the PACU Charge RN when orders are placed to set up the patient's epidural med/pump. (353-1292)
3. PACU Charge RN will assign a nurse to set up the patient's epidural med/pump.
4. RN pulls med from Pyxis and programs the pump.
5. RN calls into the OR to notify the anesthesia provider when starting to set up the pump.
6. Anesthesia provider finds relief (residents/ CRNAs page their attending; attending only case: attending calls E1am) in order to come to PACU to retrieve pump.
7. RN completes Handoff with Anesthesia Provider:
   a. Open patient MAR
   b. Click time field for administration
      i. Prompt: Patient not scanned
      ii. Action: "Handoff" & accept
      iii. Skip line link box if epidural line is not in LDA yet
      iv. Action: Enter comment in comment field, "Given to provider (MD or CRNA name) for patient therapy intra-op" & accept
      v. Anesthesia provider verifies medication, pump settings, and completes the Handoff
      vi. Click "sign off"
      vii. Prompt: co-sign required-anesthesia performs the login/dual signature
8. OR anesthesia provider takes the programmed pump to the appropriate intraoperative patient, connects it, documents administration in the anesthesia record, and manages the pump throughout the remainder of the case.
9. Upon transfer to PACU, OR anesthesia provider performs a bedside hand-off with the PACU RN caring for the patient and reviews the pump start time, med, and settings. If discrepancies are noted between pump settings and the MAR order, the provider will modify the order.
10. Two PACU RNs perform an independent 2 RN check in the MAR by scanning the patient, med, & using the option, "previously started".