



Policies & Procedures

- Administrative Documents
- Clinical Documents
 - Infection Prevention and Control Manual
 - Interdisciplinary Clinical Manual**
 - AA Practice Agreement #JB-2016-10
 - AA Practice Agreement #LB-2016-10
 - AA Practice Agreement #LC-2016-10
 - Abbreviations, Acronyms and Symbols
 - Abbreviations, Acronyms & Symbols Reference List DO NOT USE List of
 - Abbreviations, Acronyms and Symbols Abdominal Paracentesis in
 - Adult Patients - Assisting with
 - Accu-Chek Inform II - POC Glucose Quality Control Testing (located in POC manual)
 - Abuse of Patients - Investigation and Reporting (located in Admin manual)
 - Accu-Chek Inform II - POC Glucose Patient Testing (located in POC manual)
 - Admission of the Patient
 - Allergy to Latex - Patient Alternate Level of Care (ALC) Patients - Designation of Alternate Level of Care (ALC)/Complex Care/Rehab Routine Nursing Standards of Care Ambulatory Day Care Prep & Follow Up: Colonoscopy Pre-Post Care Ambulatory Day Care Prep & Follow Up: Esophagogastro-duodenoscopy (Upper Endoscopy)
 - Analgesia and Sedation in the ICU and CCU Anesthetic Gas Machine - Circuit Change Requirements Automated External Defibrillator (AED) - Use of in the Restorative Care Unit (RCU) Best Possible Medication History (BPMH) Bladder Scan Blood Administration Sets and Filters (Table 2) Blood Components and Blood Products (Table 1) Blood Collection for Crossmatch - Nurse Led Outreach Team Blood and/or Blood Products - Consent/Refusal of Consent for Transfusion (located in Admin manual) Blood Product Shortages Management - Contingency Plan Blood Products - Intramuscular / Subcutaneous Injections of - Care of Patient Blood Transfusion and/or Blood Products - Intravenous - Care of the Patient (located in Vascular Access manual) Bloodwork (Urgent) - Geriatric Outreach Program Blood Transfusion - Second Blood Group Draw Bone Marrow Aspiration and Biopsy, Assisting with Breastfeeding Infants

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STANDARD OF CARE	Manual: Clinical	Section: Interdisciplinary Clinical	Code No.: I E008	Old Code No.: E8-SOC, I E8
Title: Epidural Analgesia - Care of Patient			Original Effective Date: May 01, 2002	
			Review/Revised Effective Date: Feb 08, 2019	
			Next Review Date: Feb 01, 2022	
Cross Index: I E007, SS R001		Authoring Committee/Program/Dept: Acute Pain Service, Professional Practice	Approved By: SLT	

Expected Outcome(s):

- Patient indicates acceptable pain control (refer to [Pain Assessment](#) standard of care).
- Patient remains alert and oriented (refer to [Sedation and Agitation Levels - Assessment of](#) standard of care).
- Patient safety is maintained by patient monitoring while receiving epidural analgesia

Responsibility:

- Anesthesiologist
- Nurse Practitioner (NP) on the Acute Pain Service (APS)
- RN*
- Midwives*
- RPN* - care of the patient who has received a one time dose of epidural medication and following the removal of a continuous epidural infusion

*Who have completed the Epidural/Intrathecal Self-directed learning package

Action:

- General Information:
 - Refer to [Acute Pain Service Associated Document](#) for APS Physician Guidelines
 - Oxygen flowmeter and mask immediately available within the room
 - Equipment to support airway and resuscitation procedures such as oral airway, ambu bag, oxygen saturation monitor, wall suction and code cart will be immediately available on the unit
 - Appropriate reversal agent will be immediately available on the unit. e.g. Naloxone (Narcan) for narcotics
 - Other systemic narcotics or sedatives are not to be given unless prescribed by APS Anesthesiologist.
 - All continuous epidural infusions must be maintained on an infusion pump.
 - Epidural lines must be labeled "epidural" and/or have a distinct identifier and must utilize an antibacterial filter.
 - Continuous epidural infusion lines must have **NO** Y sites.
 - Intravenous access must be maintained until the assessment duration times are met, or as otherwise ordered by the physician.
- An [Independent Double Check](#) (IDC) of the epidural program and medication will be completed prior to the initiation of an epidural and with any epidural programming changes.
- Once an epidural is initiated the RN will assess the patient as follows for the duration of the epidural infusion (refer to [Table 1](#) for assessment criteria). *Note: follow [Epidural Catheters](#) policy and [PACU Routine Nursing](#) standard of care for patients receiving an epidural opioid dose.

	Monitoring and Frequency of Assessments		
One Time Dose of an Epidural Opioid (based on the length of time indicated in the duration section of the Drug information Table) Note: assessment may also be performed by an RPN for one time dose	Q1H x 12 hours then Q2H x 12 hours then Q4H and prn: • Pain scale • Respiratory function • Sedation level (RASS)	Q2H x 8 hours then Q4H and prn: • BP, Pulse & O2 Sat	Q4H until assessment parameters are consistent with the patient's pre-procedure normal values: • Sensory level • Motor function Q4H • Urinary retention • Nausea/ vomiting/ pruritis • Dressing and site check
Continuous or Patient Controlled Epidural Infusion (until epidural removed)	Q1H x 12 hours then Q2H x 12 hours then Q4H and prn: • Pain scale • Respiratory function • Sedation level (RASS)	Q2H x 8 hours then Q4H and prn: • BP, Pulse & O2 Sat	Q4H and prn: • Sensory level • Motor function • Urinary retention • Nausea/ vomiting/ pruritis • Signs and Symptoms of local anesthetic toxicity (See table 2) • Dressing and site check
Along with the above assessments, these additional assessments will be made in the following circumstances:			
Following an Epidural Bolus	Remain in constant attendance x 15 minutes. Q5minutes x 15 minutes and then again at 30 minutes: • BP, Pulse & O2 Sat • Respiratory function • Fetal Heart Rate (FHR) if applicable	At least 15 minutes post-bolus: • Sensory level • Motor function	
Post Epidural Rate Increase or Restart after Infusion Held	Q1H x 4 hours then revert back to previous assessments if patient stable:		

- › Staying with Admitted Mother
- › Buprenorphine for Paediatric Patients - Use of
- › Catheter - Care of Urinary Catheter in Adults
- › Catheter - Continuous Bladder Irrigation in Adults
- › Catheter - Insertion of Straight/Indwelling in Male/Female Adults
- › Catheter - Manual Bladder Irrigation of Indwelling in Adults
- › Catheters - Nephrostomy and Suprapubic (Cystostomy) Tubes - Care of in Adults
- › Certification of a Patient (Outside of the ED) - Maintaining Safety Preceding, During and Following Certified Clinical Anesthesia Assistant (CCAA) Practice Agreement
- › Chest Tube Insertion - Assisting with
- › Chest Tubes - Care of
- › Chest Tube Removal by RN
- › Chest Tube Removal - Assisting with Clinical Students (Non-Medical) - Guidelines for Working with Code and Broselow Cart
- › Exchange (located in SPD manual)
- › Code Blue Medical Emergency in the Restorative Care Unit (RCU)
- › Commercial Agency Staff as Staff Replacement
- › Complementary and Alternative Therapy
- › Commode Chairs - Use and Cleaning of (located in Infection Control manual)
- › Consent to Treatment - Informed (located in Admin manual)
- › Continuous Infusion of Narcotic and/or Benzodiazepines (located in Vascular Access manual)
- › Continuous Infusion of Narcotic and/or Benzodiazepines - Monitoring of Patient (located in Vascular Access manual)
- › Contrast Media Injections in Diagnostic Imaging - Monitoring of Patients Post Injection
- › COVID-19 Patients (Suspected and Confirmed) in Adult Inpatient Critical Care Units
- › COVID-19 Patients (Suspected and Confirmed) in Inpatient Non-Critical Care Units
- › Death of a Patient
- › Death of a Patient - Arrangement of Autopsy
- › Death - Outpatient Death
- › While at the Hospital - Communication of Death of a Patient - Care of the Deceased (Non Stillbirth or Neonatal)
- › Death of a Patient - Completion of Documents and Arrangement of Autopsy (Non Stillbirth/Neonatal)
- › Defibrillation - Electrical
- › Delegation of Controlled Act Procedures
- › Delirium Prevention, Identification and Intervention
- › Medication Dispensing by Nursing
- › Documentation - Clinical Documentation (including System Downtime)
- › Donating Body for Anatomical Study and Medical Research
- › Drains - Jackson Pratt and Hemovac - Emptying Drains and Drainage System in Adults
- › Drains - Penrose -

	<ul style="list-style-type: none"> • Respiratory assessment • Sedation level (RASS) • Sensory level • Pain scale 		
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Birth Unit:

- All assessments are to continue Q1 hour when epidural insitu and running and also includes continuous fetal monitoring.

Post Partum:

- All epidural assessments will be completed at 3 hours post delivery. If the motor and sensory have not returned back to normal at the 3 hour assessment, the nurse will complete the motor and sensory block assessment 6 hours post-delivery or before patient ambulates.

Notify APS Anesthesiologist or APS NP immediately for:

- Refer to APS Order Set for BP and Sedation/Respiratory Depression guidelines and management on the [Acute Pain Service Standardized order set](#)
- Sensory block level higher T6
- Motor block 3 or greater for surgical patients
- Sensory/motor function does not return to pre-procedure level within 8 hours of discontinuing an infusion or 8 hours after a one time epidural dose
- Concerns of possible post dural puncture headache
- Blood in epidural catheter

Discontinuation of a Continuous Epidural Infusion

The Midwife/RN/RPN will:

- Continue the assessment of the patient based on the length of time indicated in the opioid and local anesthetic section of the [Drug information Table](#), however, the sensory and motor assessments may be discontinued upon return of pre-procedure sensory and motor level.
- For epidural infusions containing local anesthetics only: assessment may be discontinued upon return of pre-procedure sensory and motor levels

Patient Discharge Following the Discontinuation of a Continuous Epidural Infusion

- All assessments must be completed based on the length of time indicated in the opioid and local anesthetic section of the [Drug Information Table](#) prior to discharge
- Pain intensity and pain relief, as reported by the patient, will be assessed and documented prior to discharge and patients are to experience an acceptable level of comfort/pain relief, as defined by each individual patient.
- Patient must not be discharged for a minimum of 2 hours following epidural removal.
- For inadequate pain management, notify APS NP, APS Anesthesiologist, or Most Responsible Physician (MRP).
- Health teaching (see below): prior to discharge, patient will verbalize an understanding of ongoing pain management strategies and have an opportunity to have their questions and concerns addressed.

Health Teaching

Health teaching is an important component in the care of patients who have received an epidural.

Inform patients of possible side effects that can be controlled such as nausea, vomiting, pruritus, or drowsiness and ask them to inform their health care provider if any of these occur.

Counsel patients on the importance of promptly reporting unrelieved pain, breathing difficulties, abnormal sensations, such as numbness or tingling to their extremities, change of motor function to legs, metallic taste in mouth, or tinnitus.

Advise patient to call for assistance before ambulating for the first time.

Documentation

- Assessment findings
- Medication administration including route, type, and dose in the electronic health record and MAR (Partogram on Birthing Unit)
- When APS physician and/or APS NP notified
- Health teaching

Table 1- Assessment Criteria:

Respiratory Assessment	Pain Scale	Sedation Level (see Sedation and Agitation Levels standard of care) by Richmond Agitation and Sedation Scale (RASS)	Nausea/Vomiting & Pruritis
Includes: Depth 1= Normal 2= shallow Respiratory rate SPO2	0= no pain 1-2 = mild 3-4 = moderate 5-6 = severe 7-8 = very severe 9-10 = worse pain imaginable Assess at rest and with movement	+4 = Combative +3 = Very Agitated +2 = Agitated +1 = Restless 0 = Alert and Calm -1 = Drowsy -2 = Light Sedation -3 = Moderate Sedation -4 = Deep Sedation -5 = Unarousable	0 - None 1 - Mild, no Rx needed 2 - Moderate, Rx effective 3 - Severe, Rx not effective
Sensory Level*	Urinary Retention	Motor Block (assess bilaterally)	Dressing & Site

- Cleansing the Drain Site and Shortening or Removing the Drain in Adults
- ECG - 12 Lead
- Draping - Surgical Procedures
- Elder Abuse - Reporting of
- in Acute Care (located in Admin manual)
- Epidural Analgesia - Care of Patient**
- Epidural Bolus Analgesia - Administration of
- Epidural Catheters - Assisting Physician with Insertion
- Epidural Catheters - for Administration of Epidural Analgesia
- Epidural Catheters - Removal of
- Epidural Dressing Change
- Escalation of a Concern Regarding the Immediate Safety of a Patient as it Relates to Patient Care - Guideline
- Falls - Inpatients - Follow Up Assessment
- Fall Risk Reduction - Adult Inpatients
- Fall Risk Reduction - Outpatients
- Feeding Tube - Administering Medications (located in Medication Use manual)
- Feeding Tube (Adult) - Aspirating Gastric Residuals
- Feeding Tube - Care of
- Enteral Feed in the Adult Patient
- Feeding Tube - Clearing the Obstructed
- Feeding Tube in Adult - Enteral - Insertion of
- Small Bore Naso/Oral by Critical Care RN, Physician, Nurse Practitioner
- Feeding Tube - Adult
- Enteral Nutrition - Initiation and Management
- Feeding Tube - Securing
- With Bridle Device By Critical Care RN
- Food Allergies - Provision of Food to Patients with Formulary System
- (located in Medication Use manual)
- Hair Removal Prior to Surgical Procedure
- Goals of Care
- Gloving and Gowning
- Technique - Surgical Procedures
- Health Record Completion
- Heated Humidified High Flow Nasal Cannula
- Therapy for Use on Neonates in NICU Using Optiflow Junior
- Heated Humidified High Flow Nasal Cannula
- Therapy for Patients in the Paediatric Unit Using the Airvo Unit
- Heated Humidified High Flow Nasal Cannula
- Therapy for Patients in the Paediatric and NICU Units
- High Alert Medication - Management of (located in Medication Use manual)
- Hypodermoclysis with Subcutaneous Continuous Infusion, Care of (located in Medication Use manual)
- Hypothermia
- (Therapeutic) - Active Cooling of Patient
- Hypothermia
- (Therapeutic) - Insertion of Esophageal Temperature Probe
- Identification of Patients
- Illicit Substances and Prohibited Items - Storage and/or Disposal
- Immediate Use Steam Sterilization in the Operating Room
- Independent Double Check of Medication
- Implantable Cardioverter Defibrillator (ICD) Deactivation Process
- Influenza Immunization -

T4 - nipple line T5 T6 - xiphoid T7 T8 T9 T10 - umbilicus T11 T12 L1 - groin L2 L3 -thigh L4 Knee L5 0-feeling return	0 = is unable to void, bladder is distended 1 = has not voided, but bladder not distended 2 = has voided	1 = normal movement 2 = flex knee & move feet/flex elbow/wrist 3 = can move feet but can't flex knees /can move wrist but can't flex elbow 4 = no movement	0 = dry and intact 1 = red 2 = warm 3 = tender 4 = swelling 5 = drainage S = serous SS = sero-sang P = purulent
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Motor Strength

- Normal strength
- Mild weakness
- Moderate weakness
- Severe weakness

***To test sensory levels**

1. Test ice or alcohol on the patient's arm to verify cold sensation
2. Begin at mid-thigh to verify lack of cold sensation
3. Slowly draw the ice swab upward along the patient's side
4. Ask the patient to identify when the cold sensation returns
5. Repeat on the opposite side of the body

Table 2- Signs and Symptoms of Local Anesthetic Toxicity

Mild- Peripheral	Moderate- Central	Severe- Systemic
<ul style="list-style-type: none"> • Numbness and tingling in fingers and toes • Numbness and unusual sensations around and inside the mouth • Lightheadedness, dizziness, visual disturbances • Metallic Taste in mouth • Ringing in the ears (tinnitus) 	<ul style="list-style-type: none"> • Nausea and vomiting • Severe dizziness • Decreased hearing • Slurred Speech • Tremors • Changes in blood pressure (hypo/hypertension) and pulse • Confusion • Restlessness • Hallucinations 	<ul style="list-style-type: none"> • Drowsiness • Confusion • Muscle Twitching • Loss of consciousness • Convulsions • Cardiac arrhythmias- irregular or rapid heartbeat • Cardiac arrest

Table 3 - Drug Information Table:

DRUG given via Epidural route		
OPIOIDS (preservative free)	Onset	Duration
Morphine	15 – 60 minutes	0 – 24 hours
HYDRomorphone	15 minutes	10 – 16 hours
Fentanyl	15 minutes	30 – 60 minutes
LOCAL ANESTHETICS		
Bupivacaine*	10 –20 minutes	2-5 hours Epidural
Lidocaine*	3 – 6 minutes	1-2 hours Epidural

*When epinephrine is added to local anesthetics, it may prolong the duration of action of the local anesthetic

Special Considerations:

- At Southlake Regional Health Centre the Anesthesiologist is responsible for:
 - Ordering of epidural analgesia using [Acute Pain Service \(APS\)](#) order set, [Obstetric Epidural Analgesia](#) for Labouring Patients order set, or physician order sheet, insertion of the epidural catheter, administration of the initial dose, administration of subsequent* bolus doses.

*Exception: Nurses in the Birthing Unit and Midwives, Intensive Care, PACU and Nurse Practitioner on Acute Pain Service may give subsequent epidural bolus doses as ordered by the Anesthesiologist as per the [Epidural Bolus Analgesia procedure](#).

References:

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- RNAO BPG Assessment and Management of Pain, revised 2013

- Management of Patients
 - › (located in Infection Control manual)
 - Inhaled Epoprostenol
 - › (Fiolan®) - located in Medication Use manual
 - Insulin - Subcutaneous Administration Via
 - › Prefilled Insulin PEN (located in Medication Use manual)
 - Inpatient Eating Disorders
 - › Program - Routine Standards of Care
 - Interdepartmental Adult Patient Accompaniment
 - › Within Southlake - Guidelines
 - Intrathecal (Spinal) Analgesia - Care of Patient
 - › Intravenous Therapy (located in Vascular Access manual)
 - Intubation by a Respiratory Therapist - Adult Patients
 - › Laboratory Results - Review and Reporting
 - › Lab Tests - Specimen Requirements
 - › Laser Safety
 - Lidocaine Low Dose Infusion for Pain
 - › Management on In-Patient Units: Critical Care, PACU, Inpatient Surgery, Surgical Special Care, MSK, Cardiovascular Surgery, Paediatrics, Palliative and Cancer Care Units
 - › Life or Limb (located in Admin manual)
 - Lumbar Puncture (Spinal Puncture or Spinal Tap) – Assisting with
 - › Massive Transfusion
 - Malignant Hyperthermia - Screening and Management of Patients at Risk
 - › Malignant Hyperthermia - Screening and Management of Patients at Risk
 - Mechanical Ventilation - Initiation and Maintenance of
 - › Medication Administration - Responsibilities of Healthcare Professionals (located in Medication Use manual)
 - Medical Assistance for Individuals on Hospital Properties - Guidelines (located in Admin manual)
 - › Medical Assistance in Dying
 - Medical Marijuana (Cannabis) - Patient Use of (located in Admin manual)
 - › Medication - Standard Administration Times (located in Medication Use manual)
 - › Medication Labeling on Sterile Field
 - › Medication Reconciliation
 - Mental Health Wellness Area (Emerg) - Off-Unit
 - › Breaks (For Voluntary IPPU Admissions) - located in ED manual
 - › Medication Samples (located in Medication Use manual)
 - Mental Health Wellness Area (Emerg) - Operation of - located in ED manual
 - › Mental Health Wellness Area (Emerg) - Screening of Patient Belongings Prior to Entering the MHWA (Voluntary and Involuntary Patients) - located in ED manual
 - › Mental Health Wellness Area (Emerg) - Visitors - located in ED manual
 - › Nasal Continuous Positive Airway Pressure Using FlexiTrunk in Neonates
 - › Minimal Lift – Safe Lifting, Re-Positioning and
 - › Transferring of Patients (located in Staff Safety manual)
 - › Nasogastric Tube -
 - › Insertion/Removal of the Small-Bore/Large-Bore

- › Nasogastric Tube Under Suction - Care of Nasopharyngeal
- › Endoscopy by Speech-Language Pathologists (SLPs)
- › Nasopharyngeal Endoscopy by Speech-Language Pathologist - Certification, Maintenance and Recertification
- › Negative Pressure Patient Rooms - Use and Maintenance of (located in Facilities manual)
- › Neonatal/Infant/Paediatric Intubation by Respiratory Therapists
- › Neonatal/Infant/Paediatric Intubation Certification for Respiratory Therapists
- › Neonatal Surfactant
- › Administration Neurological
- › Determination of Death (for Patients One Year or Older)
- › Non Formulary Drugs - Criteria for Provision of (located in Medication Use manual)
- › Non-Invasive Positive Airway Pressure for Adults
- › Non-Invasive Positive Airway Pressure for Adults
- › NP-CARD-2019 NP Medical Directive for Cardiology Continuous Positive
- › Airway Pressure (CPAP) in infants in the NICU
- › NP-APS-2015 NP Medical Directive for Acute Pain Service
- › NP-HEART-2016 NP Medical Directive for Heart Rhythm
- › NP-EDU-2016 NP Medical Directive for Eating Disorders Unit
- › NP-MCC-2016 NP Medical Directive for Medicine and Stroke Patients
- › NP-ONCO-2019 NP Medical Directive for Oncology
- › NP-STROKE-2017 NP Medical Directive for Stroke Prevention Clinic
- › Nurse Practitioner Standard of Care
- › Oral Care for Inpatients
- › Operating Room (O.R.) Booking Guidelines for Scheduled Procedures (located in Surgical Services manual)
- › Octaplex - For Use in Adult Patients
- › Orders for Patient Care - Giving and Taking of Verbal/Telephone Orders
- › Orders for Patient Care - Transcribing Orders
- › Orders for Patient Care - Verification of Orders
- › Organ and Tissue Donation Referrals
- › Organ and Tissue Donation
- › Oropharyngeal Airway - Inserting an
- › Ostomy - Assessment and Care of Ileostomy, Colostomy, and Urostomy
- › Oximetry - Pulse
- › (Measuring Oxygen Saturations - SpO2)
- › Oxygen Therapy (Application and Titration for Adults) and Use of Cylinders
- › Pain Assessment
- › Parenteral Nutrition for Adults
- › Pandemic Influenza - Special Procedures for SPD and Transportation Patient Controlled
- › Analgesia (Peripheral) - Care of Patient
- › Patient Handling - Safe Lifting, Re-Positioning and Transferring of Patients (located in Staff Safety manual)
- › Patient Lift and Transfer Strategies (located in Staff Safety manual)
- › Patient Observers - Role of
- › Patient Procedures in DI, ADC and Cardiac

- Diagnostics - Reference Guide
- Percutaneous
- ▶ Tracheostomy Insertion in the Critical Care Unit - Assistance with Patient's Own Medications
- ▶ (located in Medication Use manual)
- Poison Control Center
- ▶ Advice - Obtaining and Dissemination
- ▶ POC: Point of Care Documents
- Police/Correctional Services Custody -
- ▶ Hospitalization of Patients in
- ▶ Post-Operative Care of Adults - Inpatient Units
- Portable Diagnostic
- ▶ Imaging Procedures (located in DI manual)
- Pregnancy: Occupational Exposure to Radiation and
- ▶ Electromagnetic Fields (located in Staff Safety manual)
- Pregnancy: Occupational Exposure to Radiation and
- ▶ Electromagnetic Fields (located in Staff Safety manual)
- Pregnancy - Screening of
- ▶ Patients for Procedures that Use Radiation or Radiopharmaceuticals
- ▶ Pre-Operative Care of Adult Inpatients
- Privately Employed
- ▶ Regulated and Non-Regulated External Healthcare Providers
- Products of Conception -
- ▶ Disposal of (Under 20 Weeks)
- Pulmonary Artery
- ▶ Catheters policy (located in Vascular Access manual)
- ▶ Proning/Repositioning for Non-Intubated, Awake Adult Patients to Improve Oxygenation
- Pulmonary Artery
- ▶ Catheters standard of care (located in Vascular Access manual)
- Pulmonary Artery
- ▶ Catheters - Cardiac Outputs (located in Vascular Access manual)
- Pulmonary Artery
- ▶ Catheters - Insertion (located in Vascular Access manual)
- Pulmonary Artery
- ▶ Catheters - Removal in Critical Care (located in Vascular Access manual)
- Pulmonary Artery
- ▶ Catheters - Taking a Pulmonary Artery Occlusion Pressure (PAOP) - located in Vascular Access manual
- Pulmonary Artery Occlusion
- ▶ Pressures/Cardiac Outputs (located in Vascular Access manual)
- Radial Arterial Line
- ▶ Insertion by a Respiratory Therapist - Adult Patients
- Radial Arterial Line -
- ▶ Insertion of by a Respiratory Therapist
- Radiation Exposure to Patients - Recording
- ▶ During Fluoroscopy Procedures
- Radiation Protection -
- ▶ Minimizing Exposure to Patients
- ▶ Rectal Tube - Insertion and Removal of
- Regional Anesthetic Block
- ▶ Therapy - Care of Patient
- Regional Block Catheter -
- ▶ Removal of
- Regional Nerve Block
- ▶ Bolus Analgesia Via Sapphire Pump -
- Administration of
- ▶ Resource Matching & Referral (RM&R) System -
- Downtime
- ▶ Respiratory Therapist Attendance at High Risk Deliveries or Caesarean Sections
- ▶ Restraints - Least Restraint

- Restraints (Physical) -
- ▶ Requesting and Inventory Management (located in Admin manual)
- ▶ Restraint(s) - Use of Restraint(s) - Use of as Disposable Limb Holders for Prevention of Treatment Interruption in CICU, CVICU, ICU and PACU
- ▶ Scopes, Flexible - Pre-Cleaning, Reprocessing and Storage
- ▶ Searching Patients, Visitors, and/or their Property
- ▶ Scrubbing - Surgical Procedures
- ▶ Sedation - Deep - for the Performance of Procedures on Adults
- ▶ Sedation - Deep - for the Performance of Procedures on Adults
- ▶ Sedation - Moderate (Conscious) - for the Performance of Procedures
- ▶ Sedation - Moderate (Conscious) - for the Performance of Procedures
- ▶ Sedation and Agitation Levels - Assessment of Adult using Richmond Agitation and Sedation Scale (RASS)
- ▶ Skin - Prevention of Skin Breakdown
- ▶ Skin - Management of Skin Breakdown
- ▶ Specialty Beds - How to Locate
- ▶ Specimen Care and Handling in the Operating Room (O.R.)
- ▶ Specimen Collection: Identification of Patients
- ▶ Specimen Collection: Specimen Labelling
- ▶ Specimen Collection: Venous Blood
- ▶ Spontaneous Breathing Trial (SBT) for ICU and CICU
- ▶ Specimen Collection: Venous Blood
- ▶ Subcutaneous Butterfly - Initiation, Use,
- ▶ Maintenance and Discontinuation (located in Vascular Access manual)
- ▶ Spine Precautions and Logrolling Technique
- ▶ Suction Canister/Wall Suction Set Up
- ▶ Suctioning -
- ▶ Nasopharyngeal and Nasotracheal Suctioning - Oral
- ▶ Pharyngeal Suctioning - Tracheostomy Tube
- ▶ Suicide Risk - Assessment and Management for Admitted Mental Health Patients
- ▶ Suctioning of an Infant Via Artificial Airways (located in Maternal Child manual)
- ▶ Surgical Counts
- ▶ Surgical Implants - Quality Assurance
- ▶ Surgical Explants
- ▶ Surgical Patients with a Cardiac Implanted Electronic Device
- ▶ Surgical Program Routine Nursing Standards of Care
- ▶ Surgical Safety Checklist - Use of
- ▶ Swab Specimens of Tissue for Culture and Sensitivity
- ▶ Thoracentesis in Adults - Assisting with
- ▶ Telephone Assessment and Advice
- ▶ Therapeutic Phlebotomy
- ▶ Testing of Source Blood in Cases of Accidental Exposure (located in Infection Control manual)
- ▶ Toronto Bedside Swallowing Screening Test® (TOR-BSST®) - Administration of
- ▶ Tracheostomy Care
- ▶ Tracheostomy Care - Performing
- ▶ Tracheostomy Patients -
- ▶ Respiratory Therapist Standard of Care

- Tracheostomy
- ▶ Decannulation by Respiratory Therapists
- ▶ Tracheostomy Tube Decannulation
- ▶ Tracheostomy Tube Emergencies
- ▶ Tracheostomy Tube Weaning
- ▶ Traction - Application and Management of the Patient in Buck's Traction
- ▶ Transcutaneous Pacing
- ▶ Transfer of Patient - Interfacility
- ▶ Transfer of Inpatient - Within the Hospital
- ▶ Tuberculin Testing
- ▶ Urine Specimen Collection from a Non-Continent
- ▶ Urinary Diversion (Urostomy)
- ▶ Venous Thromboembolism (VTE) Prevention, Assessment and Treatment - Inpatients (located in Medication Use manual)
- ▶ Ventilation (Manual) - Using an AMBU-Bag (Air Mask Bag Unit)
- ▶ Ventilation Rapid Weaning in Cardiovascular ICU (CVICU)
- ▶ Verification of Surgical Site/Side
- ▶ Viewing of the Deceased by Loved Ones (located in Admin manual)
- ▶ Violence Risk Assessment and Identification of Patients at Risk for Violence in the Emergency Department and Inpatient Units
- ▶ Violence Continuing Special Indicator for Patients with a History of Violence - Appeal Process
- ▶ Wandering - Patients at High Risk
- ▶ Wound Culture Using Levine Technique
- ▶ Medical Directives and Delegated Controlled Acts
- ▶ Medication Use Manual
- ▶ Re-processing Instructions for Single Use or Single-Patient Use Medical Devices
- ▶ Research Manual
- ▶ Vascular Access Manual
- ▶ Department-Specific Documents
- ▶ Emergency Codes/Responses
- ▶ Policy Bulletin
- ▶ ABCs of Document Development and Retiring
- ▶ Helpful Hints - Intranet & Clarity
- ▶ Location of Policy Manuals

