

Tip Sheet for Labor Epidural Analgesia and Epidural to C-section procedures.

Initiate the Anesthesia Record:

To start a case, locate the patient in the L&D Grease Board. By using the Epidural Rounding tab, you may sort the list by clicking in the column heading (e.g. Bed or Name) to locate your patient. One click on the patient line will display the patient's information in the bottom half of the screen. A double click on the patient's line will open the Anesthesia Record.

The anesthesia record for a Labor Epidural should be an Ad Hoc Procedure record (not linked to any appointment, induction or procedure). From the pop-up window choose "Create a new procedure." Be sure to choose LABOR EPIDURAL from the drop down list. (If the Ad Hoc record is labeled something else (like "Preanesthesia Evaluation") the case will not drop the appropriate Professional Charges.) Our coders do review all records before dropping the charges and do not charge if the epidural placement is not done.

Perform and record the Pre Anesthesia Assessment.

Apply the Macro for Labor Epidural Analgesia:

Open the Intra window and apply the "Labor Epidural" Macro – accept the default option to Replace Existing Quick Events. This will enter the proper Quick Events, Reminders and common drugs for Labor Epidural Analgesia.

Please note: the Labor Epidural Macro uses Procedure Start/Stop Events instead of Anesthesia Start/Stop. Enter the actual time for placement of the epidural in the Procedure Note.

Use Quick Notes to document any other face to face time. (Pause and Resume will not work.)

Enter staffing information using the Staff button. (See more on the time bar below.)

The LDA for the epidural catheter should be created, and the epidural doses and infusion should be charted.

Enter supply charges for the epidural tray (and other supplies used).

The Professional Fee is automatically placed (if the Labor Epidural Macro is used).

When the patient delivers, end the case with the Procedure Stop event. Stop the epidural infusion and enter the removal time of the LDA/epidural catheter.

Your Senior Staff may close the case even though there will be "Recommendations" to enter an Anesthesia Start and Stop.

Details on the staffing time bar (the purple bar):

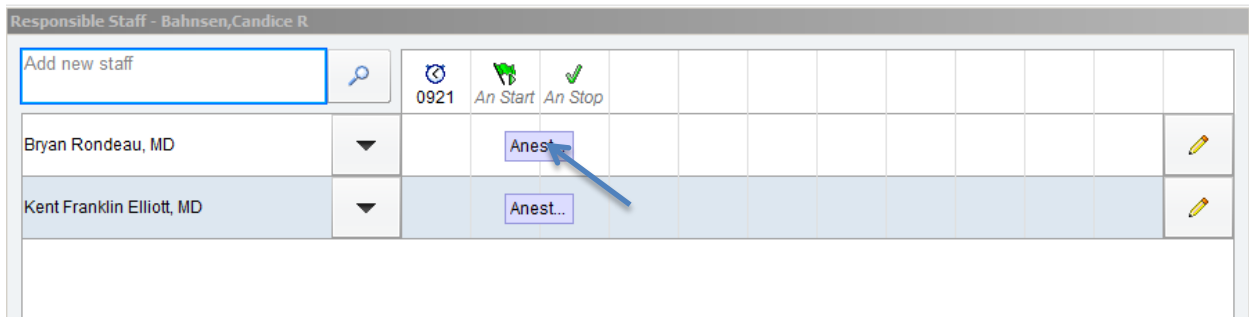
(I plan to redo this section and illustrate initiating the time bar at the beginning of the case and concluding it at the end. I will also cover how to document handoffs.)

Enter staffing information using the Staff button. If you click in the Anes Start box (like regular cases), the default time bar will run from Anes Start to Anes Stop; since these events are not used for a labor epidural, the case will not process properly for billing.

The purple time bars or time lines should begin and end with the Procedure Start and Procedure Stop times. This is most easily done at the end of the case after these two events have been entered into the record. (But, depending on your local procedures, the time bar can be started once the Procedure Start event has been entered, and then the time bar can be ended after the Procedure Stop event has been entered, using similar steps to those shown below.)

This screen shot below shows the default (but incorrect) time line displayed by clicking the “Staff” button and then clicking the Anes Start box.

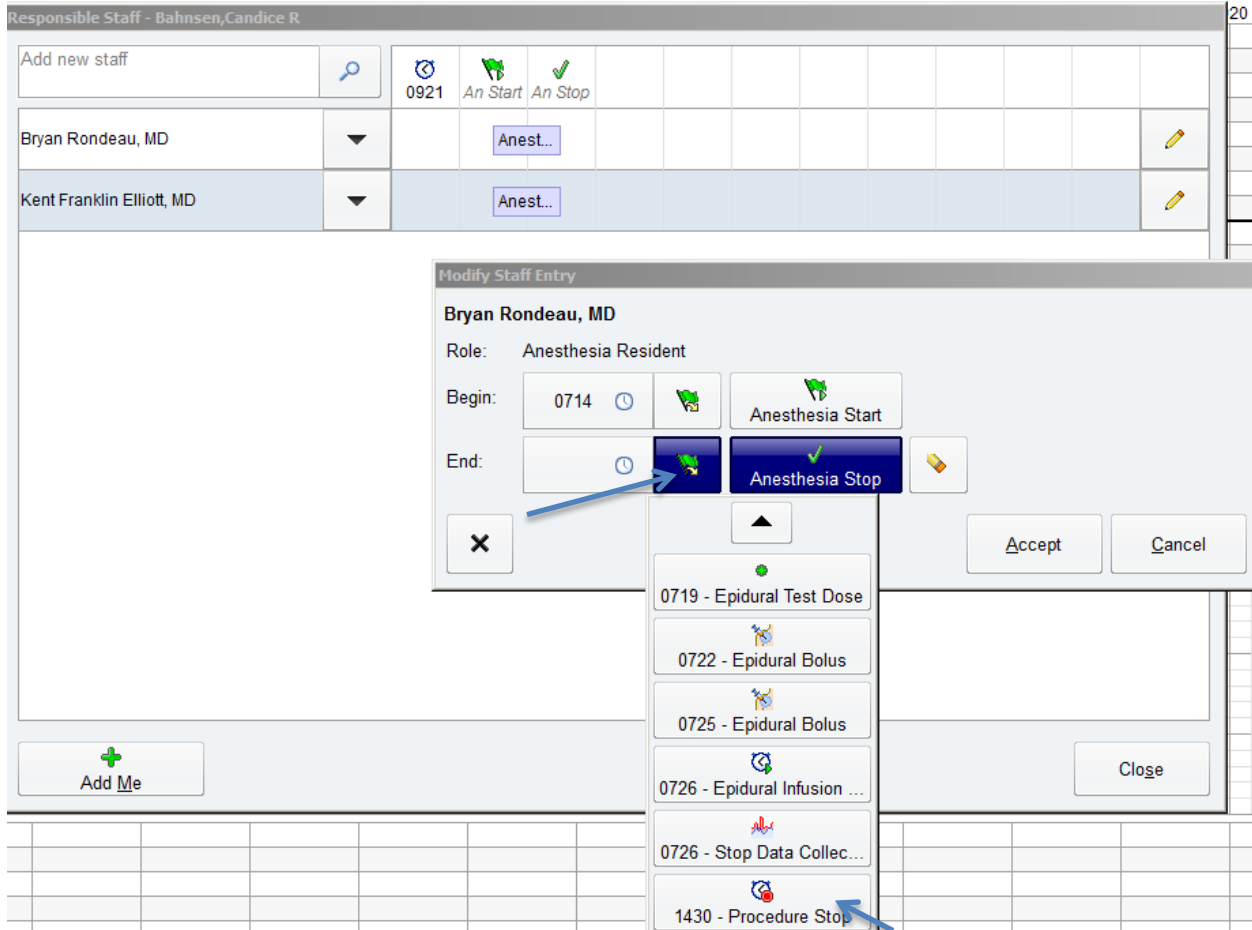
To correct these time lines; click once in one of the purple time lines.



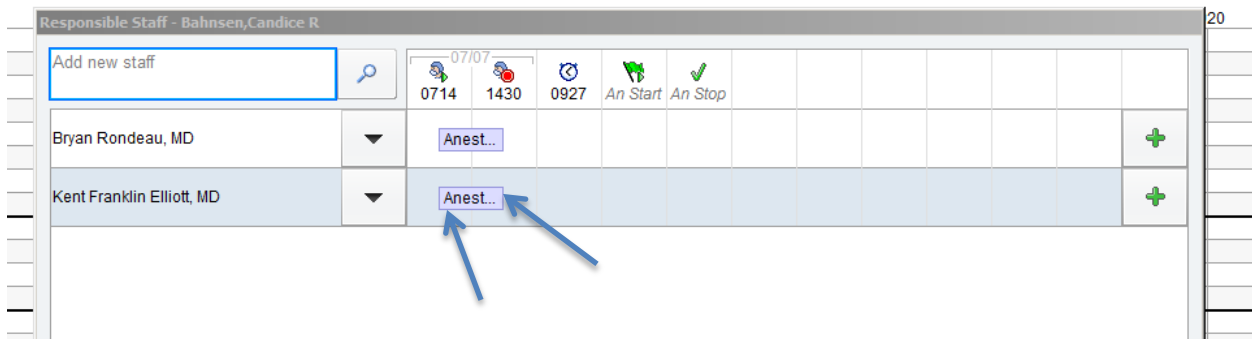
(This area left black to position the description with the screen shot.)

In the Modify Staff Entry window (see below), click on the Green Flag icon (the choose event time button) next to the “Begin” Time entry window. From the drop down list of events choose the “Procedure Start” event.

Then click on the Green Flag (choose event button) next to the “End” Time entry window. From the drop down list of events choose the “Procedure Stop” event. (This is the step illustrated in the screen shot below.)



After one time bar is set correctly, click in the newly created Procedure Start/Stop time boxes to correct the second time bar.



Document staffing handoff just as you do in the OR by adding new staff and clicking in the Current (or adjusted) Time box to end and start the time bars.

The Epidural to C-Section Macro:

When a patient with a labor epidural goes to C-section, use the same anesthesia record. Open the active labor epidural record in the operating room and apply the “Epidural to C-Section” macro. The Epidural to C-section Macro uses the events Anesthesia Start and Anesthesia Stop for the marking the beginning and end of anesthesia care for the C-section. This macro is similar to the C-Section Macro but also includes the Epidural to C-Section event and documentation for an epidural rather than a spinal anesthetic.

A note on other obstetrical procedures:

Post-Partum Tubal Ligations and bring backs for bleeding should be recorded in a totally separate anesthesia record, linked to the scheduled BTL or other surgical procedure. If the procedure is not yet posted, create a separate Ad Hoc record (choose “Other” and free text the description.) (This is true even if the epidural catheter placed for the labor analgesia is utilized for the BTL anesthesia.)

Please contact me if you have any questions or suggestions.

Thanks,

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