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Supervisor Assessment Form for Epidural Maintenance

I, (name), (position)	<i>,</i>
confirm that (RM name) has successfully c	completed an in-hospital
orientation and competency-based skills assessment for the maintenance of continuous infusion pumps and associated	
clinical assessments required for epidural administration at (name of BC hospital)	
I verify that (RM name) has received orientation to	to the following:
the location and equipment for resuscitation;	
set-up and functioning of the epidural infusion pump;	
monitoring during the process of epidural infusion;	
documenting epidural care;	
how to implement appropriate interventions;	
how and when to call the anesthesiologist; and	
removal of epidural catheter.	
I verify that (RM name) has demonstrated knowledge to the contract of th	edge and understanding of the
following:	
the anatomy of the epidural space;	
the pharmacology, action and side effects of local anesthetics and narcotics used in	epidural analgesia;
anesthetic requirements for the preparation of client for epidural analgesia including a. patient history, physical and laboratory tests; b. resuscitation equipment and drugs; c. intravenous access and volume loading; d. equipment for placement of the epidural catheter under sterile conditions;	
recognition of, response to, and management of immediate anesthetic complicatio including a. hypotension; b. seizures; c. high spinal anesthesia;	ns of epidural analgesia
technique of epidural insertion including a. positioning; b. anesthetic technique; c. catheter placement; d. securing the epidural catheter and maintaining sterility at the	·
initiation of the epidural block including a. positioning; b. monitoring the test dose	and initial therapeutic dose;
maintenance of analgesia to include monitoring of a. bolus dose and top-ups; b. cor integrity monitoring; d. patient-controlled anesthesia (PCA);	ntinuous infusions; c. catheter
postpartum management including a. catheter removal and care of epidural site; b. management of late complications of epidural analgesia.	ambulation; and c.
Signed: Date:	

Page 1/1 Form 121 (April 2021)