**ACCIDENTAL DURAL PUNCTURE FOLLOW UP:**

*Patient Sticker Here*

**DATE/TIME OF DURAL PUNCTURE**: ………………………….

**GUAGE OF NEEDLE:**…………………………………………..

**VERTEBRAL INTERSPACE**:…………………………..……...

**PATIENT CONTACT DETAILS:**……………………………….

**MANAGEMENT**: subarachnoid catheter / resite / other …........…………………………………………...

**ENSURE**:

* Oral hydration, caffeine intake and mobilisation
* Prescribe regular oral analgesia and laxatives to prevent straining
* Give OAA Labour Pains leaflet

**DAILY REVIEWS BY AN ANAESTHETIST UNTIL THE PATIENT HAS BEEN DISCHARGED:**

**DAY 1:** date/time ………………………….. (tick all that are applicable)

* Headache: mild / moderate / severe
* Photophobia
* Vomiting
* Visual disturbances
* Fever
* Motor or sensory dysfunction:…………………………………………………………………………..
* Bladder dysfunction
* MANAGEMENT: …………………………………………………………………………………………

**DAY 2:** date/time ………………………….. (tick all that are applicable)

* Headache: mild / moderate / severe
* Photophobia
* Vomiting
* Visual disturbances
* Fever
* Motor or sensory dysfunction:…………………………………………………………………………..
* Bladder dysfunction
* MANAGEMENT: …………………………………………………………………………………………

**DAY 3:** date/time ………………………….. (tick all that are applicable)

* Headache: mild / moderate / severe
* Photophobia
* Vomiting
* Visual disturbances
* Fever
* Motor or sensory dysfunction:…………………………………………………………………………..
* Bladder dysfunction
* MANAGEMENT: …………………………………………………………………………………………

**DAY 4:** date/time ………………………….. (tick all that are applicable)

* Headache: mild / moderate / severe
* Photophobia
* Vomiting
* Visual disturbances
* Fever
* Motor or sensory dysfunction:…………………………………………………………………………..
* Bladder dysfunction
* MANAGEMENT: …………………………………………………………………………………………

**DAY 5:** date/time ………………………….. (tick all that are applicable)

* Headache: mild / moderate / severe
* Photophobia
* Vomiting
* Visual disturbances
* Fever
* Motor or sensory dysfunction:…………………………………………………………………………..
* Bladder dysfunction
* MANAGEMENT: …………………………………………………………………………………………

**EPIDURAL BLOOD PATCH:**

Date/Time: ……………………………………………………………………………………………………….

Anaesthetist performing procedure:…………………………………………………………………………..

Anaesthetist performing venesection: ……………………………………………………………………….

Ensure:

* patient apyrexic
* patient has given written consent
* >12hrs after prophylactic LMWH or >24hrs after therapeutic LMWH
* procedure documented on Cerner

**DISCHARGE CHECKLIST** (please tick boxes when done)

* Assessment of PDPH +/- blood patch documented on Cerner
* PDPH letter faxed to GP
* Patient given:
	+ PDPH letter copy
	+ OAA Labour Pains leaflet
	+ Safety netting card
	+ Offer follow-up appointment with Dr Shelley Ward (Wednesdays am) within 4-6weeks:
		- 🞎 accepted or 🞎declined by patient
		- to book appointment for patient: call ext 21233 with request