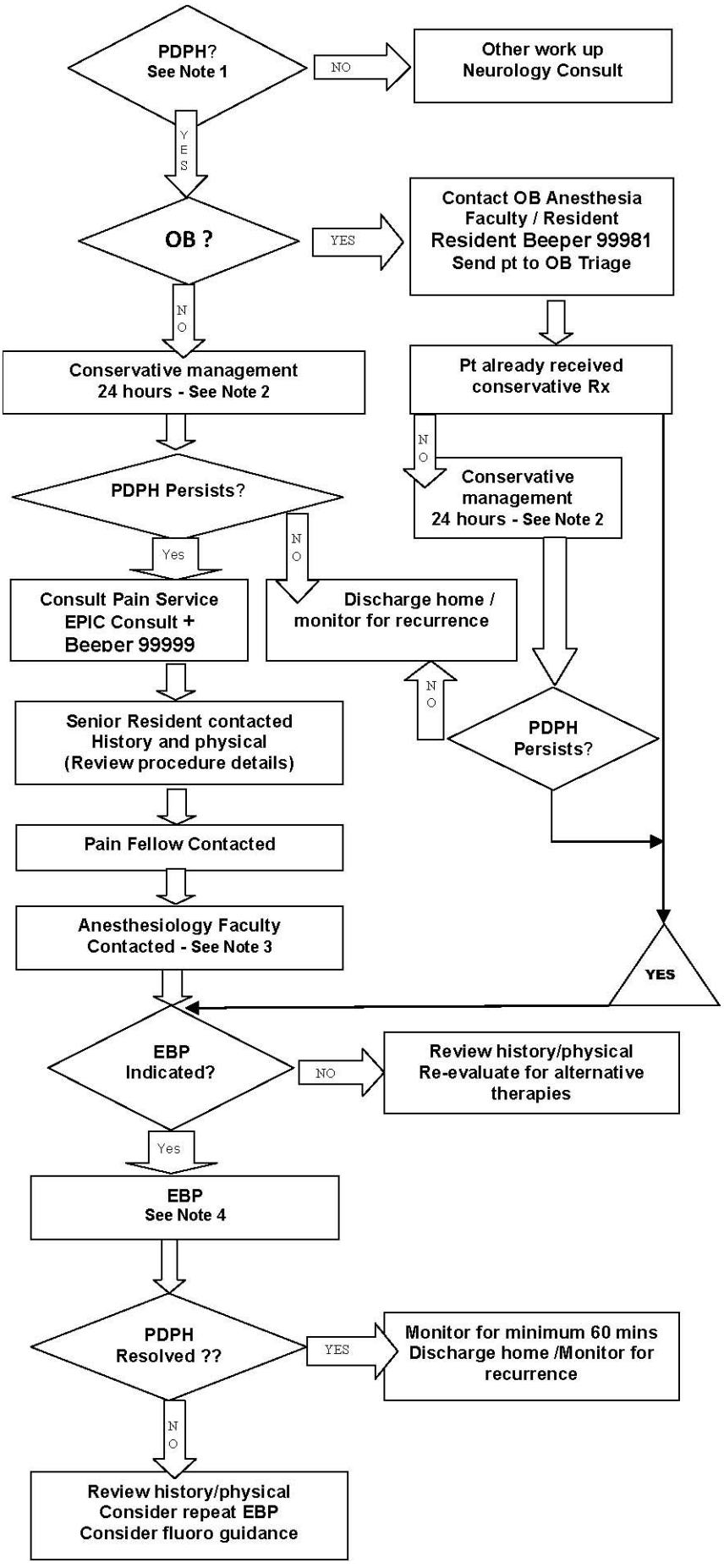
HEADACHE



PDPH – post dural puncture headache EBP – epidural blood patch

PDPH (Note 1) same for adults or pediatric

Positional headache
Diplopia
Vertigo
Tinnitus
Nystagmus
Hearing Loss
Photophobia
Nausea/Vomiting
History of dural puncture

Conservative tx (Note 2) ADULT for 24 hours

Bedrest
Analgesics (scheduled)
IV/Oral Fluids Oral caffeine 300 mg repeated doses
or caffeinated beverages
IV caffeine ..... 500 mg/l liter over 1 hour, q8□
Theophylline (?)
Sumatriptan 6 mg SQ or 25-50 mg PO May repeat Q12H

Conservative tx (Note 2) PEDIATRIC for 48 hours

Bed rest (main goal)
Force fluid therapy by mouth and IV if in hospital (20cc/kg IV bolus)
Analgesics: ibuprofen 10 mg/kg/dose PO Q6H scheduled AND acetaminophen 15 mg/kg/dose PO (if >2 years old) Q6H scheduled [given sequentially i.e. acetaminophen and then 3 hrs later ibuprofen then 3 hrs later acetaminophen so patient receiving either drug every 3 hours)
*caffeine not traditionally used for PDPH in pediatrics

Supervising Anesthesiology Faculty (Note 3)

Regular hours: Pain Faculty or Block Faculty Monday-Friday 8 am – 3 pm

(Procedure, TDCJ Pain, Block, Pain Clinic)

After hours: On Call OR Faculty (On Call Faculty may contact on call pain faculty) OB faculty supervises for OB patients

Admission

Admission not necessary for EBP
If decision is made to admit patient, patient admitted by primary care service (Internal Med, Family Med) or by service directly involved with patient. e.g. Neurology (s/p LP), Orthopedics, Radiology or Pain (s/p procedure)

Location options for EBP

Based on time / availability

- Emergency Room
  - Ensure all equipment available
- Block Room
  - Admission to hospital not required
- PACU
  - Coordinate with PACU charge nurse
  - Nurse may not be available to assist

-Admission to hospital not required

EBP (Note 4) ADULT

Procedure team:
Faculty / Fellow / Resident
Consent, Time out
Routine monitors
Supplemental O2
Sterile technique, prep, face mask
Sitting position preferred (Lateral decubitus possible)
Volume of Blood (10-20 ml) (5 ml increments, can be as much as 15-40 ml) Stop when headache resolves or pressure symptoms
Observe for minimum 60 minutes before discharge
60 minutes of observations can be done in more than one place (e.g. PACU & ER)

EBP (Note 4) PEDIATRICS

EBP: Sedation: Pediatric patients need sedation for procedure. Age <8, give ketamine and place the patient in lateral decubitus position. If >8 years, talk to patient and parent and see if patient can sit up with parent holding patient in position, and give Versed. Dosing options: Versed 0.5-1 mg/kg po, versed 0.05-0.1mg/kg IV, Ketamine 1-2 mg/kg IV or 5-6 mg/kg IM (which usually takes ~5 min to take effect). You may want to use a smaller dose of both versed and ketamine.

Changes For procedure in pediatric patients: Calculate where you expect to find the patient's epidural space prior to starting. Two different formulas that can be used are: 1mm/kg or 10mm+2(age). For example a 10 year old 30 kg child, should have an epidural space between 30mm or 10mm+2(10 yr)=30mm. Usually these two equations give you slightly different numbers unlike this example. Use the pediatric epidural kits available, which include an 18 gauge 5 cm Touhy needle marked at each 0.5cm. As soon as the needle tip is in the skin, Loss of resistance should be performed using a continuous technique with sterile saline without any air. Autologous blood injected into the space should be 0.2-0.4 mL/kg (usually 0.3 ml/kg has been used, but if you feel increase in resistance at only 0.2 ml/kg, then the infusion can be stopped)

Contact Dr. B. Celis if you need further assistance.

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