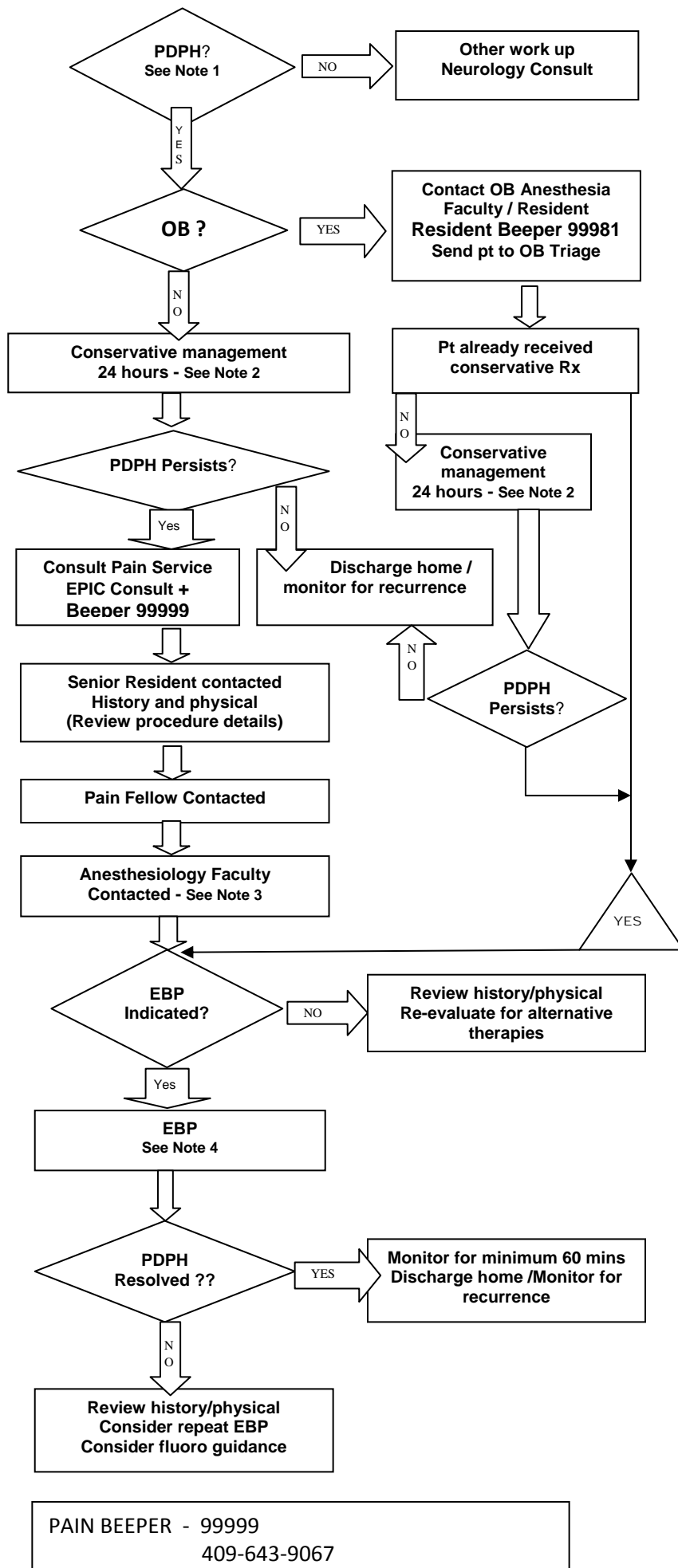


HEADACHE



PDPH – post dural puncture headache
EBP – epidural blood patch

PDPH (Note 1)

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

Conservative tx (Note 2)

- 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 q12°

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)

- 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)