

2-7 High central neuraxial block v.1

Following epidural or intrathecal injection of local anaesthetic (deliberate or inadvertent)

Symptoms can progress quickly – hypotension and bradycardia / difficulty breathing / paralysis of arms / impaired consciousness / apnoea and unconsciousness

START

- 1 **Call for help** (anaesthetists, midwife, obstetrician, theatre team)
 - ▶ **Ask:** “who will be the team leader?”
 - ▶ **Team leader assigns** checklist reader and scribe
 - ▶ **Reassure** woman who may be aware
- 2 **Airway and breathing**
 - ▶ If airway obstruction → airway opening manoeuvres +/- oropharyngeal airway
 - ▶ If apnoea → ventilate *-then-* intubate
 - ▶ If breathing → apply oxygen at 15 L/min via reservoir mask, titrate to SpO₂ 95-98%
 - ▶ Start continuous monitoring: SpO₂ and respiratory rate monitoring
- 3 **Circulation**
 - ▶ Relieve aortocaval compression with manual uterine displacement
 - ▶ Elevate legs without head down tilt
 - ▶ Start continuous monitoring: 3-lead ECG and blood pressure
 - ▶ If hypotension → give fluid bolus 250-500 ml and vasopressor (**Box A**)
 - ▶ If bradycardia → give glycopyrrolate or atropine (**Box A**)
- 4 **If woman is conscious** →
 - ▶ Check height of block
 - ▶ If awareness suspected → give hypnotic
- 5 **Position**
 - ▶ If no cardiovascular compromise → sit woman up
 - ▶ If cardiovascular compromise → may need to lie woman flat
- 6 **Obstetricians** to consider need for birth
- 7 **Continue respiratory support until block recedes (approximately 4 hours) (Box C)**

Box A: Drug doses and treatments

Hypotension

Metaraminol: 0.5 - 2 mg bolus

Ephedrine: 6 - 12 mg bolus (to max 30 mg – tachyphylaxis)

Phenylephrine: *50 - 100 mcg bolus (followed by an infusion)

***Avoid phenylephrine bolus if bradycardic**

Bradycardia

Glycopyrrolate: 0.2 - 0.4 mg bolus

Atropine: 500 mcg bolus (to max 3 mg)

Flush all medications

Box B: Consideration of other differential diagnosis

Vasovagal event

Aortocaval compression (made worse with high block)

Local anaesthetic toxicity

Embolism

Concealed haemorrhage

Box C: Post event actions

Arrange safe transfer to appropriate clinical area

Arrange postnatal obstetric anaesthetic clinic review