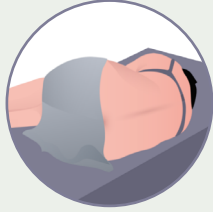





# SPINAL BLOCK VS EPIDURAL



	SPINAL BLOCK	EPIDURAL
<b>Placement</b>	<p>Needle is inserted to subarachnoid space; medication is injected and needle is removed.</p> <p>Subarachnoid space</p> <p>Spinal block needle</p>	<p>Epidural space</p> <p>Epidural</p> <p>L2-L5</p> <p>Catheter is inserted into the epidural space; continuous infusion of medication</p>
<b>Positioning</b>	<p>Can be done while client is side-lying or sitting up.</p> 	<p>In both positions, the client's back should be arched to assist placement.</p> 
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Pain relief is immediate.</li> <li>• Preferred for C-sections</li> <li>• Lower doses of medications can be used.</li> </ul>	<ul style="list-style-type: none"> <li>• No maternal drowsiness</li> <li>• Decreases pain</li> <li>• Pain medication does not cross placenta to fetus.</li> <li>• Relaxes pelvic floor</li> <li>• Can be used continuously</li> <li>• Dose can be adjusted.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Hypotension</li> <li>• Nausea</li> <li>• Maternal hyperthermia</li> <li>• Spinal HA</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of high spinal respiratory paralysis</li> <li>• Allergic reactions</li> <li>• Bladder paresthesia</li> <li>• Mobility limited</li> </ul> <p>Pain relief can take 10-15 minutes after initiation.</p>
<b>Nursing interventions</b>	<ul style="list-style-type: none"> <li>• Physical assessment</li> <li>• Sign consents</li> <li>• Preparing client, physically and mentally</li> <li>• Hydration</li> </ul>	<ul style="list-style-type: none"> <li>• Positioning client</li> <li>• Vital signs</li> <li>• Fetal heart rate monitoring</li> <li>• Monitor bladder</li> </ul>
<b>Client education</b>	<p>Be aware of your unit's NPO policy prior to scheduled C-sections.</p>	<p>Educate client on safe positioning to facilitate labor progress.</p>