A Place For Everything, And Everything In Its Place: Improving Restocking Of the Epidural Trolley

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Introduction

In the UK, approximately 30% of women will have an epidural [1]. A well stocked epidural trolley allows for standardisation, minimises delay to delivery of epidural and allows minimal disruption to monitoring of mother and baby.

In our unit inadequately stocked trolleys often contributes to delays in epidural administration.

Methods

Members of the multi disciplinary team were asked for feedback on the restocking of the epidural trolley, specifically regarding: responsibility of restocking, difficulty, time spent and how it could be improved.

Following this a snap shot audit of the epidural contents was completed over 7 days by an independent member of the obstetric team.

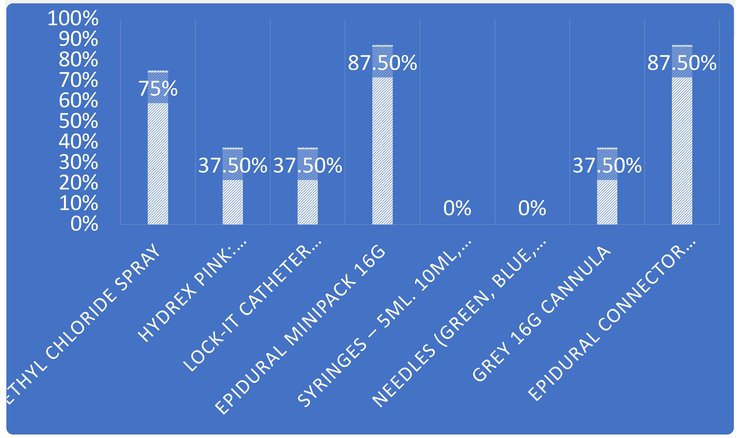
Finally, a stakeholders meeting between the obstectric and anaesthetic team was held before an intervention was decided on.

Pre-intervention feedback

- 83% of midwifes and HCAs felt it was their responsibility to restock the trolley
- 100% reported guidance would be required taking up to 20mins to find missing items.
- Only 33% of respondents felt 'strongly confident' in recognising contents on the trolley.
- 83% felt a picture guide would improve their confidence.

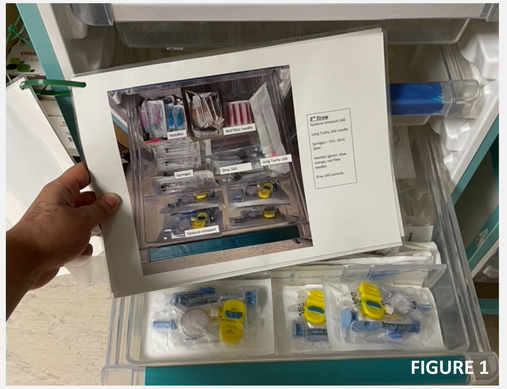
Results

TABLE 1: Table showing percentage of times each item was present during 7 day audit



- Lock-It device and chlorhexidine were absent 62.5% of the time.
- 12.5% of the time the epidural minipack was absent.
- There were no appropriately sized syringes or needles.
- Bupivacaine 0.25% and lidocaine 1%,2% was stocked 100% of the time
- NaCl 0.9% was only present in 75% of cases with sterile water often used as substitute.
- There was no provision for emergency drugs.

Intervention


FIGURE 1

Laminated picture checklists with equipment labels were introduced for each draw of the trolley and the epidural drugs tray, allowing visualisation and easy identification [Figure 1 -3].

Each page had a written checklist that would correlate to clearly labelled pictures of the equipment in its correct position within the trolley.

These were. laminated for infection control purposes and secured to the side of the trolley .



FIGURE 2

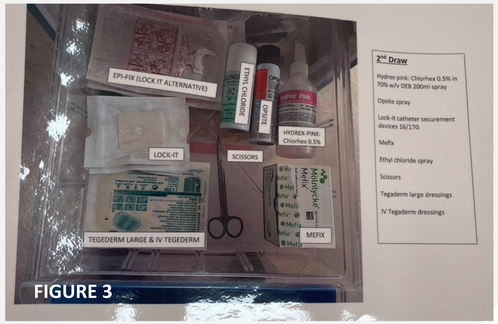


FIGURE 3

Discussion

The restocking of an epidural trolley is an overlooked but essential task. This project demonstrated pitfalls that can occur in shared responsibility. Even if responsibility falls to others to restock the trolley, it is ours as anaesthetists to support and work as a team. With open and honest discussions we produced a solution that allowed for smoother provision of services on labour ward.

[1] Reference: B.Shatil, R,Smiley. Neuraxial Analgesia for Labour. BJA Education. 2020. 96-102