Post Dural Puncture Headache Protocol on L and D

Following a known wet tap:

**Prophylaxis:**
- Place an intrathecal (IT) catheter for labor analgesia or c section.
- Cosyntropin: 1mg IVP at delivery (order from pharmacy). Order with initial postop or labor epidural orders.

**Treatment:**
- If an obstetric patient is coming in from home, have the patient come **directly** to L and D, **NOT** the ED.
- Perform thorough history and physical to rule out other causes (intracerebral pathology, late preeclampsia, migraine).
- Recommend/schedule NSAIDS x 24 hours.
- There is no evidence for the use of caffeine, bed rest or hydration.
- EBP should be delayed (if possible) until 24 hours post puncture.
  - Goal volume of 20mL, if tolerated.
  - If the 1st EBP fails, a 2nd EBP can be placed approximately 24 hours after the 1st EBP.
  - If 2 EBP have failed, consult Neurology to rule out other etiologies.

**IT catheter management:**

1. Infusion: 0.08% bupivacaine with 2 mcg/ml fentanyl @ 2-3 ml/hr.
   - If significant motor block, change to a narcotic infusion (e.g. 5 mcg sufentanil/hour).
2. Remove the PCEA button from the pump.
3. Leave the catheter in for 24 hours post delivery.
4. **Always** label the catheter as an IT catheter (add DO NOT PULL to label) and communicate with **all** staff.
5. Consider injecting 10cc of PF saline just prior to removal of the catheter.

All patients with PDPH need to be contacted on a daily basis and given our direct anesthesia contact information (resident OB anesthesia phone number). Please leave follow up notes in Epic (the follow up notes can be found under the Rounding tab in Epic).

**References:**