

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: // MALE FEMALE

WARD:.....CONS:.....



**Worcestershire
Acute Hospitals**
NHS Trust

Post Dural Puncture Headache Follow Up Form

Patient home number:		Patient mobile number:	
Date and time of spinal / epidural:			
Operative Anaesthetist:		Grade:	
If epidural, was dural puncture noted at time of insertion?	Yes	No	
How was dural puncture managed?	Resited	Intrathecal catheter	Abandoned
Date and time of referral :			
Date and time of onset of headache:			



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Daily Follow Up

WARD:.....CONS:.....

DAY 1 (+24hrs)	<i>Symptoms</i>			
	Headache	Mild	Moderate	Severe
	Site of headache	Frontal	Occipital	All over
	Date & Time: Positional	Yes		No
	Associated neck stiffness	Yes		No
	Photophobia	Yes		No
	Double vision	Yes		No
	Hearing loss/Tinnitus	Yes		No
	Fits	Yes		No
Impression:				
Management plan:				
Consultant informed		Yes		No
Name:		Grade:		Signature:

DAY 2 (+48hrs)	<i>Symptoms</i>			
	Headache	Mild	Moderate	Severe
	Site of headache	Frontal	Occipital	All over
	Date & Time: Positional	Yes		No
	Associated neck stiffness	Yes		No
	Photophobia	Yes		No
	Double vision	Yes		No
	Hearing loss/Tinnitus	Yes		No
	Fits	Yes		No
Impression:				
Management plan:				
Consultant informed		Yes		No
Name:		Grade:		Signature:



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Daily Follow Up

WARD:.....CONS:.....

DAY 3 (+72hrs)	<i>Symptoms</i>			
	Headache	Mild	Moderate	Severe
	Site of headache	Frontal	Occipital	All over
	Date & Time: Positional	Yes		No
	Associated neck stiffness	Yes		No
	Photophobia	Yes		No
	Double vision	Yes		No
	Hearing loss/Tinnitus	Yes		No
	Fits	Yes		No
	Impression:			
Management plan:				
Consultant informed		Yes		No
Name:		Grade:		Signature:

DAY 4 (+96hrs)	<i>Symptoms</i>			
	Headache	Mild	Moderate	Severe
	Site of headache	Frontal	Occipital	All over
	Date & Time: Positional	Yes		No
	Associated neck stiffness	Yes		No
	Photophobia	Yes		No
	Double vision	Yes		No
	Hearing loss/Tinnitus	Yes		No
	Fits	Yes		No
	Impression:			
Management plan:				
Consultant informed		Yes		No
Name:		Grade:		Signature:

1. If epidural blood patch performed please complete attached consent form and record procedure on an anaesthetic chart.
2. Leave PDPH paperwork and Anaesthetic chart if Dural puncture performed with Maternity ward clerk for EZ notes scanning.
3. Please ensure GP letter/Patient info sheet (attached) is completed; 1 copy given to a ward clerk to be posted to GP, 2nd copy to the patient



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Telephone Follow Up

WARD:.....CONS:.....

Please record all phone conversations with the patient when discharged to home

Date and time:		Name:		
Is headache still present?		Yes	No	
Is it		Worse	The same	
How is the patient managing headache?		Bed rest	Simple analgesia	Getting better
Opioids				
Other information:				
Plan: No further follow up required				
Phone tomorrow				
Ask to attend delivery suite for review				

Date and time:		Name:		
Is headache still present?		Yes	No	
Is it:		Worse	The same	
How is the patient managing headache?		Bed rest	Simple analgesia	Getting better
Opioids				
Other information:				
Plan: No further follow up required				
Phone tomorrow				
Ask to attend delivery suite for review				

Date and time:		Name:		
Is headache still present?		Yes	No	
Is it:		Worse	The same	
How is the patient managing headache?		Bed rest	Simple analgesia	Getting better
Opioids				
Other information:				
Plan: No further follow up required				
Phone tomorrow				
Ask to attend delivery suite for review				



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D.O.B:

D	D	/	M	M	/	Y	Y	Y	Y
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PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Both sides of this sheet should be completed. Following confirmation of consent by patient's signature it should be retained in the patients record.

Address	
Special requirements	
Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)	
Epidural blood patch	

Statement of health professional
<p>To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in Consent Policy.</p> <p>I have explained the procedure to the patient. In particular, I have explained:</p> <p>The Intended benefits: Resolution of symptoms of post-dural puncture headache</p> <p>Risks: Back pain (50%) Potential further inadvertent dural puncture</p> <p>Additional Risks (<1%): Arachnoiditis Spinal haematoma Seizures Cerebral venous sinus thrombosis Facial nerve palsy Bradycardia Infection (local, meningitis) Visual disturbance Horner's syndrome</p> <p>This procedure will involve: <input type="checkbox"/> Local anaesthesia <input type="checkbox"/> Sedation +/- local anaesthesia</p>

Signed	Date
Name (print)	Job Title
Contact details (if patient wishes to discuss options later) : Please refer to patient information leaflet	



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Statement of interpreter (where appropriate)

I have interpreted the information overleaf to the patient to the best of my ability and in a way in which I she/he can understand

Signed Name (print) Date

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have seen side 1 which describes the benefits and risks of the proposed treatment. If not, you can see a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I agree to the procedure or course of treatment described on this form.
- I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- I understand that where planned I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).
- I understand that any tissue removed (including bodily fluid) will be treated, assessed, stored and disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- I agree to the use of images for the purposes of diagnosis and treatment.
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

Patients signature Name (print) Date

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see guidance notes).

Signature Name (print) Date

Confirmation of consent

(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure to go ahead.

Signature Name (print) Date

Important note: tick is applicable

See advance directive/living will

Patient has withdrawn consent (ask patient to sign below)

Signature Name (print) Date



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**Worcestershire
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NHS Trust**

Worcestershire Royal Hospital
Charles Hastings Way
Newtown Road
Worcester
WR5 1DD

Telephone number: 01905 763333

Department of Anaesthetics and Intensive Care Medicine

Email: wah-tr.gasrota@nhs.net

Dear

This letter is to inform you that your patient:

Affix patient label here

had an epidural/spinal sited on ___/___/___, and has presented to the Maternity unit at Worcestershire Royal Hospital with symptoms / signs suggestive of a Post Dural Puncture Headache (PDPH).

A PDPH usually occurs within 5 days of the procedure and is caused by a CSF leak through the dural puncture. It is usually accompanied by neck stiffness and/or subjective hearing symptoms. It remits spontaneously within 2 weeks, or after sealing of the leak with an epidural blood patch. The headache is usually positional (some relief of symptoms in supine position) although 5% of patients will have no postural element.

Epidural blood patch

Your patient had/did not have an epidural blood patch performed on ___/___/___ and was discharged on ___/___/___.

50-80% of patients who have had an epidural blood patch will receive complete or partial relief. In cases of partial relief a second epidural blood patch can be considered.

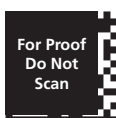
All patients known to the anaesthetic team who have suffered a PDPH and/or undergone an epidural blood patch will be followed up via telephone when discharged and offered a follow up appointment in anaesthetic clinic if required at a later date.

All patients have been given an information leaflet (see over) with signs and symptoms to look out for and contact details for the obstetric anaesthetic team, if you wish to discuss your patient further please do not hesitate to contact us on 01905 763333, bleep 701.

Yours Sincerely

Worcester Royal Hospital Anaesthetic Department

Copy to GP



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Patient Information

Headache following epidural/ spinal anaesthesia

You have been given this leaflet because you have had or are at risk of having a special type of headache that occurs after spinal or epidural anaesthesia. This leaflet will explain what to expect and who you can contact.

Why is this headache special?

Headaches following surgery or childbirth can be normal however following spinal or epidural anaesthesia a specific type of headache can develop called a 'post dural puncture headache'. This can occur from one day to one week after the spinal or epidural anaesthetic, but usually in the first 72 hours.

The headache is typically at the front or back of the head, worse when sitting up, standing or leaning forward. You may have other symptoms such as neck pain, dizziness, feeling sick or a dislike for bright lights.

What causes this headache?

Your brain and spinal cord are surrounded by a layer of fluid which is contained in a membrane. In a spinal anaesthetic a small hole is intentionally made in this membrane to allow injection of the anaesthetic. In an epidural anaesthetic a larger needle is passed into the space just before the membrane, occasionally in approximately 1 in 100 cases the needle can go through the membrane. If too much fluid leaks out it can cause a drop in the fluid pressure and cause a headache.

What can be done about the headache?

Some simple methods can help manage your symptoms such as lie flat whenever possible, regular painkillers, drink plenty of fluid, avoid straining and heavy lifting. These headaches can be very disabling and although they do resolve themselves within 7-10 days as the hole in the membrane heals, you should not wait this long before seeking help. If these simple measures do not relieve your symptoms you can be offered an epidural blood patch.

What is an epidural blood patch?

This is a procedure performed by two senior anaesthetists. An epidural is performed and blood taken from your arm is injected into your back with the aim that the blood will clot and seal the hole in the membrane. After the blood patch you will need to lie flat for 2 hours but after that you should be able to go home with the anaesthetist following you up via telephone.

Will it work?

Complete or partial relief will be seen in 50-80% of cases, if partial or no relief is seen a second epidural blood patch can be performed.

What risks are associated with an epidural blood patch?

Back pain can occur in up to 50% of women during an epidural blood patch. 80% can have back ache 24 hours following the EBP which may continue for several days but reduced in severity with resolution for most women within 4 weeks. Localised bruising may be seen around the epidural site. There is a small risk (<1%) that a second dural puncture could occur when the blood patch is being done.

What will happen after the blood patch?

After the procedure you should lie flat for 2 hours, you should be reviewed by an anaesthetist within four hours of the procedure. If you are discharged home on the day of the epidural blood patch you should be contacted the following day. If you remain in hospital you should be reviewed daily until discharge or until your symptoms resolve. Before discharge, you will be given verbal and written advice on when to contact the hospital should their headache return or other symptoms develop.

Who to contact once discharged?

When you are discharged from hospital you will be given a leaflet with worrying symptoms to look out for and contact details for the anaesthetic team in the hospital who you can contact 24/7.



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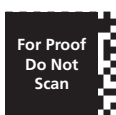
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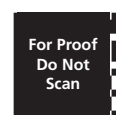
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