

Assessment and treatment of motor block (Bromage Score)

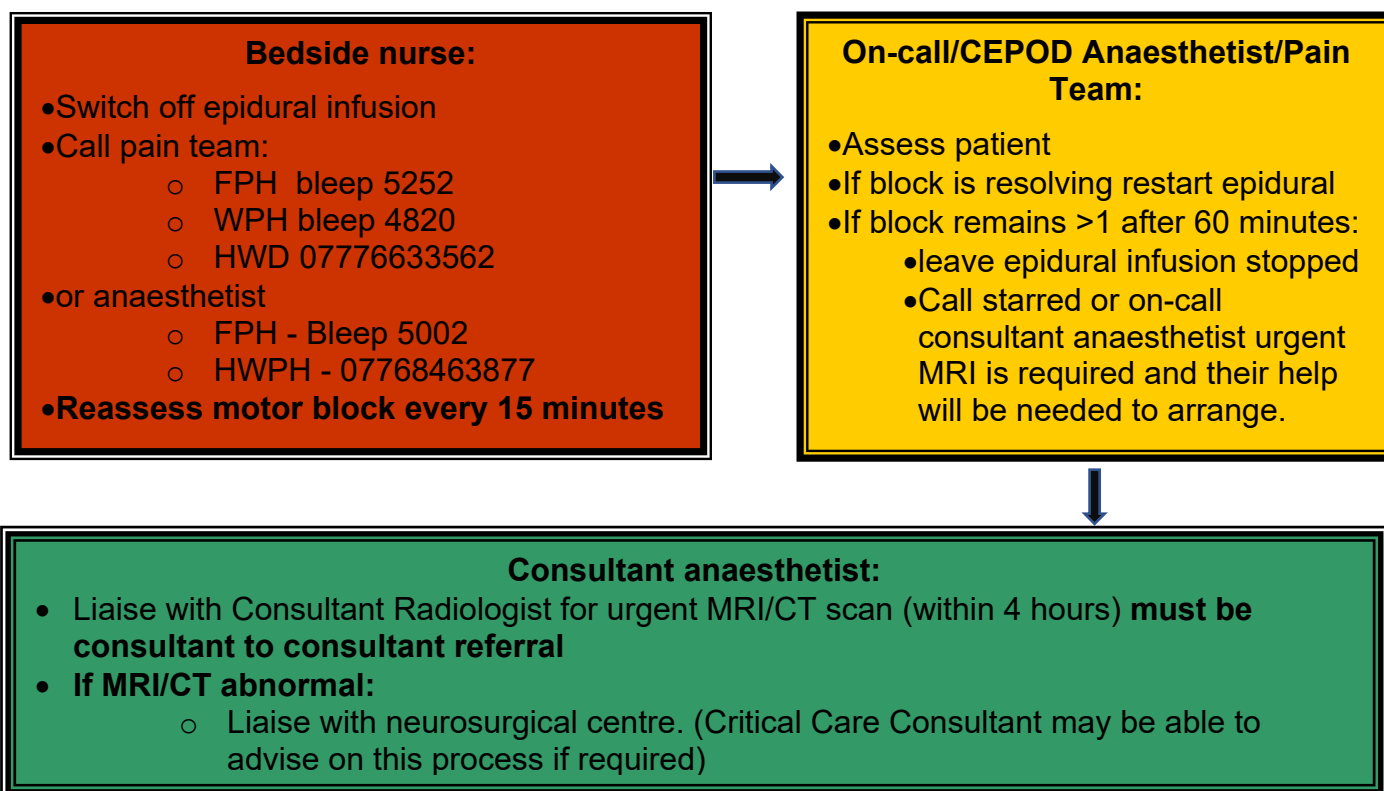
Leg strength (motor block) is used as a critical monitor of spinal cord health. Leg weakness in patients receiving CEA is due to either the local anaesthetic infusion or a spinal cord injury (epidural haematoma/abscess). Differentiation is achieved by switching the epidural infusion off. Failure to recover suggests spinal cord injury. An epidural haematoma must be evacuated within 8 hours of the onset of symptoms for the patient to have the best chance of recovery.

Assessment of motor block to be performed:

- every 2 hours while CEA in progress,
 - every 4 hours while epidural catheter in place even if infusion not running
 - 1 hour after removal of epidural catheter
 - every 4 to 6 hours for 24 hours after epidural catheter removal
- Ask the patient to flex their knees and ankles
 - Rate and document their movement for each leg:

0	(none)	=	full flexion of knees and feet
1	(partial)	=	just able to move knees and feet
2	(almost complete)	=	able to move feet only
3	(complete)	=	unable to move leg/s

Treatment of motor block (score 2 or more)



Note: At HWPH Out-of-hours (10pm – 8am) Consultant anaesthetist to arrange for transfer to FPH for urgent MRI. Patient to remain in main PACU at FPH until scan reported.

- Owning medical team while at FPH will be the counterpart of the one at HWPH unless consultant is cross site.
- If MRI normal, patient returns to WPH/HWD (PACU nurses to arrange return ambulance transfer).
- **If MRI abnormal**, Parent medical team in collaboration with WPH and FPH on-call anaesthetists will request onward care.