analgesics or adjuvants. The method of administration includes bolus or intermittent bolus with or without indwelling catheter placement, and continuous infusion via an indwelling catheter.

6.1. Responsibility of the practitioner

6.1.1. The responsibility for the application, maintenance and sequelae of neuraxial techniques, regardless of the anaesthetic technique or the agent used, is that of the attending practitioner.

6.1.2. When the blockade has been fully established and all haemodynamic changes have been normalised, a practitioner may delegate such responsibility to another suitably trained medical practitioner or competent nursing personnel, who will then assume subsequent responsibility.

6.1.3. The responsible practitioner must:

6.1.3.1. Ascertain that there is no absolute contra-indication to the procedure.

6.1.3.2. Ensure that the patient understands and gives his or her informed consent to the procedure.

6.1.3.3. Ensure that all equipment and drugs that are necessary for the management and prevention of complications relating to the procedure are immediately available.

6.1.3.4. Ensure that a surgical pause takes place to confirm the correct surgery (WHO surgical safety checklist)

6.1.3.5. Ensure adequate intravenous access prior to the procedure.

6.1.3.6. Check the agents to be injected and administer the initial dose.

6.1.3.7. Ensure that adequate monitoring is performed and that accurate records are kept.

6.1.3.8. Adequately manage any haemodynamic changes which may occur as a result of administration of the anaesthetic agents used for the blockade.

6.2. Monitoring and clinical observations

6.2.1. The practitioner or a qualified nursing sister or trained observer must be in constant attendance in order to perform regular and appropriate monitoring of the patient's physiological status and the effects of the block.

6.2.2. Such an observer shall:

6.2.2.1. Have been trained in the proper use and have an understanding of monitoring equipment.

6.2.2.2. Have the necessary clinical skills to perform, interpret and react appropriately to basic clinical observations made regarding the neurological, respiratory and cardiovascular status of the patient.

6.2.2.3. Have an understanding of possible complications associated with neuraxial block and the correct management thereof.

6.2.3. Such an observer shall be trained in measures related to basic life support.

6.2.4. All orders and routines to be followed by the observer should be conveyed in writing by the responsible practitioner. All parameters and action lines should be defined when alarms should be raised.

6.2.5. The practitioner who performed the block, or the designated practitioner, must be available to the observer for consultation and recall at all times.

6.2.6. Availability should be interpreted according to the stage of evolvement of the blockade, the likelihood of complications pertinent to that stage, the concomitant use of other drugs, including those used for sedation, the presence of other co-morbid disease and the physical status of the patient.

6.2.7. It is not incumbent on the practitioner to be physically present until complete regression of blockade has occurred, provided that the other conditions of these guidelines are fulfilled.

6.2.8. The responsible practitioner is free to embark on other procedures, provided that they do not conflict with the other conditions outlined in these guidelines.

6.3. "Topping up" and management of continuous infusions

6.3.1. There is no objection to a qualified nursing sister or junior doctor undertaking the "topping up" or adjustment of continuous infusion rates. The responsible practitioner must be satisfied that the experience and capabilities of such a person are appropriate and each top up or change in dosage should be verbally confirmed. This must be recorded in writing as soon as possible.

6.3.2. The responsibility for the effects of the top up or dosage alteration remains that of the practitioner who is responsible for the procedure.

6.3.3. The responsible practitioner must issue written instructions as to the dose or infusion rate.

6.3.4. The dose, or change in infusion rate, should be checked and verified by a second competent person prior to any action being taken.

6.3.5. Instructions as to patient posture at the time of injection, clinical observations and measures to be taken in the event of untoward effects must be issued by the responsible practitioner.

6.3.6. There is no objection to a qualified nursing sister or junior doctor removing an epidural catheter on the instructions of the responsible practitioner, providing that timing and monitoring protocols have been adequately outlined, especially when concomitant anticoagulants have been administered.