

The development of a protocolised pathway and checklist for the management of post-dural puncture headache following and audit of current practice

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1. Background

Post-dural puncture headache (PDPH) is a complication of neuraxial blockade, but with appropriate and timely management, morbidity can be minimised. Management is often initially conservative, including patient education about headache after childbirth and simple analgesia ahead of epidural blood patch (EBP) being offered if symptoms fail to improve.

National recommendations in 2014 suggested that follow-up of parturients could be improved by the use of standardised pathways. Following a favourable audit of our adherence to local clinical guidelines for PDPH, we designed a protocolised pathway and checklist for the management of these patients.



2. Methods

With local audit committee approval, we searched our local maternity database for parturients between 2011 and 2014 where PDPH was a possible diagnosis. Case notes were analysed for confirmation of the diagnosis of PDPH and details of the management including incidence and timing of EBP, volume of injectate and use of follow-up education.



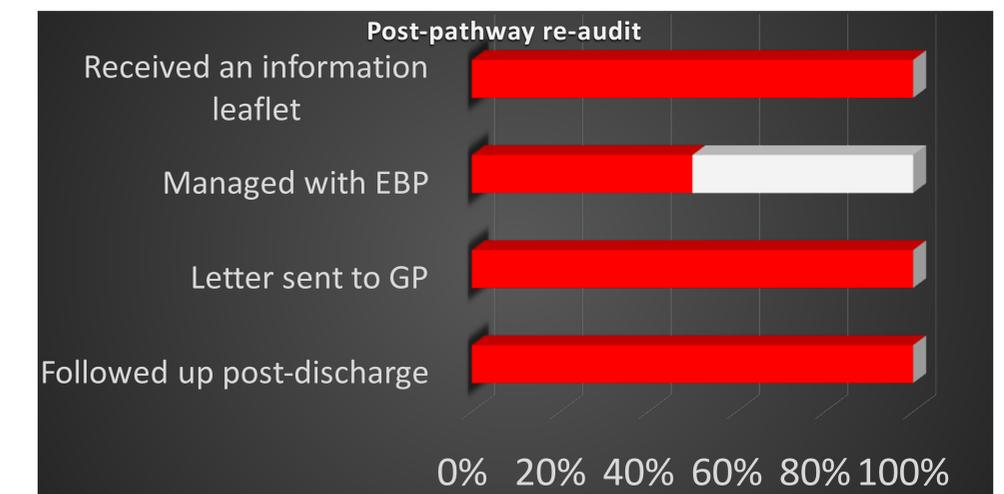
Following the preliminary audit phase, a multi-disciplinary departmental consultation was carried out and a novel management pathway and checklist were devised based on comprehensive patient information, communication, and timely medical intervention according to protocolised pathways as recommended by MBRRACE.

A Re-audit was conducted following the implementation of the new pathway.

3. Results

The pre-pathway baseline audit revealed that whilst compliance with local guidelines was good, telephone follow up and post-EBP communication to both patients and GPs. Re-audit following pathway implementation revealed:

- 100% of PDPH patients received an educational leaflet
- 50% of cases went on to have an EBP
- 100% of EBP patients had post discharge follow-up
- 100% of patients had a letter sent to their GP



4. Discussion

Before the pathway, adherence to clinical standards was good but with room for improvement in post-headache follow-up. We now have a standardised pathway of care for all parturients with suspected PDPH. GPs, patients and the electronic patient record are all updated as standard and patients are offered a six week follow up appointment in the anaesthetic clinic. Since implementation, our EBP rate has fallen, perhaps reflecting better adherence to the management pathway. We have significantly improved the nature and quality of communication and follow up for this group of patients