

***Anesthesiology Rounds***  
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**The epidural test dose in obstetric anesthesia**  
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**Objectives:**

After studying this article, the reader should be able to:

- Identify the risks associated with an accidental subarachnoid, subdural, or intravenous injection of a dose intended for epidural anesthesia;
- Know the characteristics associated with use of the test dose in parturients;
- Determine, based on the clinical situation, the most suitable tests for detecting faulty placement of the catheter.

**Questions: (Only one response is correct)**

1. Regarding subdural injections:

- a) they occur frequently
- b) they are detected by the aspiration of fluid
- c) they result in a block that is often uneven
- d) they result in a block that is rapidly effective

2. Which of the following tests should be conducted first?

- a) an injection of 15 µg of adrenaline
- b) aspiration
- c) injection of a 2.5 mg dose of bupivacaine
- d) injection of 50 µg of fentanyl

3. With respect to multi-orifice epidural catheters:

- a) slowly injected air escapes mainly through the nearest hole
- b) quickly injected fluid escapes mainly through the nearest hole
- c) generally produce lower quality blocks than single-orifice catheters
- d) often straddle the vascular and epidural compartments

4. An adrenaline injection:

- a) is recommended to rule-out a subarachnoid injection
- b) causes a faster cardiac response than an ephedrine injection
- c) causes tachycardia that is easy to distinguish from the changes in heart rate associated with labour
- d) should be avoided according to all authors

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