# SOAP: Consensus Recommendation for Prevention and Detection of Respiratory Depression Associated with Neuraxial Morphine Administration for Cesarean Delivery Analgesia

#### Patient Risk Factors

- Obesity (BMI > 40)
- Known or suspected **OSA**
- **Chronic Opiate** Use/Abuse
- Cardiopulmonary/neur ologic comorbidity
- Hypertension

## **Peri/postoperative Risk**

#### **Factors**

- General anesthesia
- Additional sedative medications
  - IV opiates
  - Benzodiazepines
  - Sleep aids
- Intra-op/post-op respiratory events
- Magnesium infusion

## **Epidural Dosing**





>1 and <3 mg

> 3 mg

#### Ultra Low Dose

- Low Risk Healthy Patients
- No additional respiratory monitoring beyond Routine Institutional Post-Op Cesarean Delivery Monitoring (RIPOCDM)

#### Low Dose

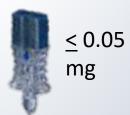
- Low Risk Healthy Patients
- RIPOCDM plus respiratory rate and sedation monitoring every 3 hours for 12 hours

### High Dose or Any High Risk Patient RIPOCDM plus ASA/ASRA recommendations

- Respiratory rate and sedation
  - Every hour for first 12 hours
  - Every 2 hours for next 12 hours
- Continuous pulse oximetry when appropriate, vs continual intermittent pulse oximetry
  - Especially those with Obstructive Sleep Apnea (OSA), or at risk for **OSA**

## **Spinal Dosing**

mg



>0.05-< 0.15 mg

> 0.15 mg

LINK:SOAP Consensus Recommendations

LINK: ASRA Practice Guidelines