Epidural catheters decrease intra and postoperative pain, avoiding side effects seen with enteral/parenteral opioids while affording additional metabolic, endocrine and analgesic benefits with intra-operative use[1]. Intra-operative use of these catheters has been limited by the lack of a standard and convenient process to obtain appropriate pre- prepared epidural infusions, pumps and an absence of a system to secure the “chain of custody” for controlled substance infusions throughout the perioperative process. Without such a process, upon arrival in recovery, patients wait until an epidural pump is brought to the bedside, primed, connected, and, eventually, initiated with the ordered infusion.

**Study Aims:**
- Investigate the rate of intra-operative PCEA use
- Develop and improve workflow for obtaining materials for and using PCEA
- Improve medication handoff process between provider and PACU nurse
- Decrease delay in initiation of epidural PCEA

**Investigation Methods**
- Chart Review 12/2022 - 02/2023
  - PCEA connected to epidurals intraoperatively / by PACU arrival (intra-op use as infusion used as a surrogate)
  - Time from “Anesthesia Ready” to start of epidural infusion
- Feedback Surveys with CRNAs, Residents, and attending anesthesiologists
  - Regarding ease of obtaining and using PCEAs with the new workflow


**Future Directions**
- Continued study of trends in epidural catheter use.
- Continued education of anesthesia and PACU staff
- Data collection of feedback on project (Qualtrics Survey)
- Studying PACU pain scores as a function of intra-op epidural use
- Identify actual and potential impediments to the use of epidural catheters in OR and continue to refine our initiative.