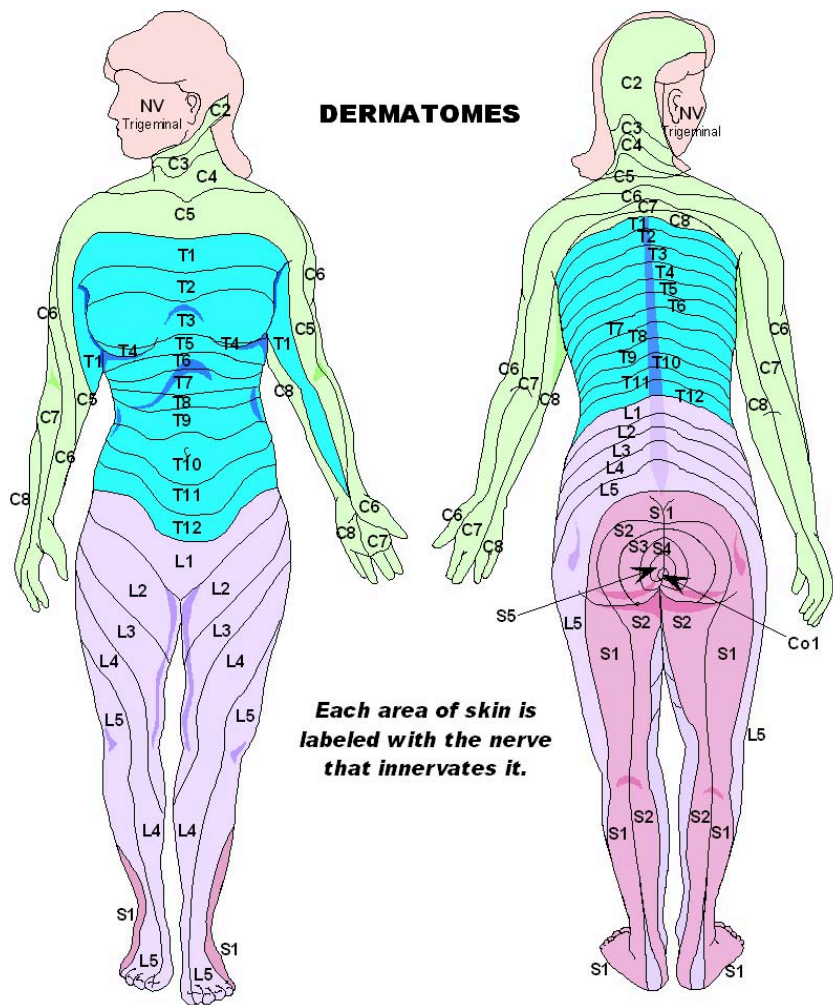


Sensory and Motor Assessments During Epidural Anesthesia

Epidural anesthesia delivers medication that numbs parts of the body and blocks pain. Nurses routinely assess sensory and motor function for patients receiving epidural anesthesia. See Figure 1 for an image of a dermatome chart used to assess sensory function.

Figure 1. Dermatome Chart (Retrieved from <http://standardofcare.com/Dermatomes>)



Common Anatomic Landmarks on the Dermatome Chart

The effects of the epidural are typically 3-4 dermatomes higher than the point of insertion.

- T-4 is the nipple line
- T-6 is the xiphoid process
- T-10 is the umbilicus
- L-1 is the hip area
- L-3 and L4 is the line between the posterior iliac crests

How to Perform Sensation Assessments

Obtain a small plastic bag and fill it with ice. Test the patient's sensation by touching the ice to their arm so they can identify the cold sensation, then begin testing on the right side of their abdomen with the bag of ice. Ask the patient to identify when they no longer feel the cold sensation. Repeat this procedure on the left side. Review the dermatome chart and determine the level at which the patient no longer has the sensation of cold. Document the sensation level according to agency policy..

How to Perform Motor Checks

The following criteria are commonly used when doing motor checks for a patient receiving epidural anesthesia.

Motor Grading Criteria

GRADE	CRITERIA
I	Free movement of the legs and feet
II	Just able to flex knees with free movement of feet
III	Unable to flex knees, but has free movement of feet
IV	Unable to move legs or feet