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

**Epidural Dosing**

- **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**

- **Ultra Low Dose**
  - ≤ 0.05 mg

- **Low Dose**
  - 0.05-< 0.15 mg

- **High Dose**
  - ≥ 0.15 mg

**Patient Risk Factors**
- Obesity (BMI > 40)
- Known or suspected OSA
- Chronic Opiate Use/Abuse
- Cardiopulmonary/nerologic comorbidity
- Hypertension

**Peri/postoperative Risk Factors**
- General anesthesia
- Additional sedative medications
  - IV opiates
  - Benzodiazepines
  - Sleep aids
- Intra-op/post-op respiratory events
- Magnesium infusion

**LINK:** SOAP Consensus Recommendations

**LINK:** ASRA Practice Guidelines