

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

Patient Risk Factors

- Obesity (BMI \geq 40)
- Known or suspected OSA
- Chronic Opiate Use/Abuse
- Cardiopulmonary/neurologic 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

\leq 1 mg



>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

\leq 0.05 mg



>0.05 - \leq 0.15 mg

> 0.15 mg

LINK: [SOAP Consensus Recommendations](#)

LINK: [ASRA Practice Guidelines](#)