

Post-Dural Puncture Headaches (PDPH) are a potentially severe and debilitating complication after neuraxial anesthesia. Although usually self-resolving within two weeks, the symptoms can be incapacitating (Kwak, 2017). There are a few treatments targeted at symptomatic management, however, the gold standard approach is the Epidural Blood Patch (EBP) (Ioscovich et al., 2018). The EBP involves the sterile injection of autologous blood through an epidural needle placed in the affected epidural space. Despite this being a relatively uncommon procedure, it is necessary to utilize evidence-based practices to ensure optimal patient outcomes. Using the Iowa Model of Evidence-Based Practice, the goal of this Quality Improvement project was to develop a protocol for PDPH management and EBP placement and secondarily, increase the anesthesia providers' knowledge of this complication. The population of interest included 18 anesthesia providers at the practice site. The intervention included an educational powerpoint introducing the developed protocol, with a pre and post assessment to collect baseline knowledge and analyze provider learning. Two weeks after the intervention, a post-implementation survey tool was used to assess ease, feasibility, relevance and comprehension of the PDPH and EBP protocol. Provider knowledge increased 12 percent and the post evaluation tool revealed the provider's endorsement of the protocol. The protocol developed could be used as a template for other healthcare facilities that do not currently have guidelines for managing this complication.