Steps:

1. The tail of the calf was lifted and down to identify the general area for the site of injection (first movable joint)
2. The area was then palpated to identify the site was palpated to identify the general area where the first coccygeal intervertebral space (Co1- Co2)
3. The site was then disinfected with an alcohol swab

1. The needle was then inserted at a 45o and was slowly advanced in a caudal direction until it moved into the intervertebral space.
2. The “Hanging drop” method and the “Lack of resistance” technique were both used.

“Hanging drop” technique is where a drop of sterile water or lidocaine is added to the hub of a needle, that is inserted into the epidural space. if the needle is placed correctly, the fluid will go into the space, if not, then the fluid will overflow from the hub of the needle

The “Lack of resistance” technique is where a needle attached to a syringe is inserted into the epidural space. if the needle is in the correct placement, then when the plunger of the syringe is pressed down, there should be no resistance, that is, the fluid will flow directly into the epidural space. if there is resistance, the needle needs to be redirected

1. Generally, a popping sensation felt when inserting the needle would indicate that the needle has passed through the ligament and has entered the epidural space
2. Once it was determined that the needle was inserted in the correct site, the 2ml of the combined Lidocaine and saline solution was administered
3. To ensure that the epidural was successful, the tail tone of the calf was checked