

# Peripheral Nerve Block Record

OPERATION	<b>POST-OP PAIN BLOCK ONLY</b>
DIAGNOSIS	Post-Op analgesia requested by Dr. _____
INDICATION (Choose one) <input type="checkbox"/> Post-Op Pain <input type="checkbox"/> Surgical anesthesia	<input type="checkbox"/> Timeout Block start: _____ Block end: _____

ALLERGY: \_\_\_\_\_ Pre-Block Vitals: Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_ Rhythm \_\_\_\_\_ SPO<sub>2</sub> \_\_\_\_\_

Chart reviewed  Patient informed of indications, possible complications and alternatives. Consent obtained.

**BLOCK:** Upper Extremity:  Interscalene  Superior Trunk  Supraclavicular  Axillary  Infraclavicular

Lower Extremity:  Adductor Canal  IPACK  Sciatic  Femoral  Distal Saphenous

Sciatic in Popliteal Fossa  Ankle  Fascia Iliaca

Other \_\_\_\_\_

**PATIENT POSITION**  Supine  Prone  Sitting  RLD  LLD  Other

**PATIENT CONDITON**  Sedated with meaningful contact maintained  Wide awake

Post neuraxial blockade  General anesthesia  Asleep, responsive to tactile stimulation

**PREPARATIONS**  ChloroPrep®  Betadine®  Sterile drape

**NEEDLE**  B-Braun Stimuplex / Ultraplex  20g 100mm  22g 80mm

**APPROACH**  U/S Guided for visualization of neuro-vascular structures:

In Plane  Out of Plane  Needle visualization  U/S filed

Good peri-neuronal spread of LA \_\_\_\_\_

Paresthesia approach(s) distribution \_\_\_\_\_

Nerve stimulator: Started at \_\_\_\_\_ mA to \_\_\_\_\_ mA minimal stimulating current

Motor response(s) noted: \_\_\_\_\_ Motor response accepted: \_\_\_\_\_

**INJECTATE**  Bupivacaine \_\_\_\_\_% \_\_\_\_\_ mL  Exparel 133mg  Other \_\_\_\_\_% \_\_\_\_\_ mL

Lidocaine \_\_\_\_\_% \_\_\_\_\_ mL  Mepivacaine \_\_\_\_\_% \_\_\_\_\_ mL  Ropivacaine \_\_\_\_\_% \_\_\_\_\_ mL

Epinephrine (1: \_\_\_\_\_ 00,000)  Bicarb (1 meq:10 mL)

Additive \_\_\_\_\_ Concentration \_\_\_\_\_

**NARRATIVE**  Injection was made incrementally with aspiration every \_\_\_\_\_ cc's with continuous heart rate monitoring.

	Negative	Positive (If positive, see comments below)
Blood aspirated during block performance	<input type="checkbox"/>	<input type="checkbox"/>
Pain on injection noted	<input type="checkbox"/>	<input type="checkbox"/>
Resistance on injection noted	<input type="checkbox"/>	<input type="checkbox"/>
Paresthesia(s) noted	<input type="checkbox"/>	<input type="checkbox"/>

**CATHETER**  Catheter inserted \_\_\_\_\_ cm beyond needle tip and secured. Negative aspiration.

If stimulating catheter, minimum final stimulating current with catheter \_\_\_\_\_ mA.

**Comments:**

Patient tolerated procedure well.

I personally performed the peripheral nerve block.

I was present throughout the procedure and medically directed: \_\_\_\_\_

Fellow / Resident / CRNA / PA \_\_\_\_\_ Time \_\_\_\_\_ Attending \_\_\_\_\_ Time \_\_\_\_\_