

Mercy Hospital
**Regional Block /
 Nerve Catheter Placement
 for Acute Pain Control**

*Print this form, complete by hand, then
 make a copy to send to Spectrum Billing.
 Put Original in patient chart.*

Indication:

Post-Operative pain: Requested by surgeon who ordered the block for expected unacceptable Post-Op pain.

Patient Contact Number: _____

Other pain syndrome (*specify*): _____

Requested/ordered by: _____ Surgical Procedure: _____

Pre-procedure Checklist:

- | | | |
|--|---|---|
| <input type="checkbox"/> Patient identified | <input type="checkbox"/> Pre-anesthesia record complete | <input type="checkbox"/> Surgery site marked |
| <input type="checkbox"/> Site and block technique verified | <input type="checkbox"/> Anesthesia consent obtained | <input type="checkbox"/> Pre-procedure time-out performed |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Surgical consent obtained | |

Medications Administered IV:

Midazolam _____ mg Alfentanil _____ mcg Fentanyl _____ mcg

Block:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Axillary | <input type="checkbox"/> <input type="checkbox"/> Paravertebral-thoracolumbar | <input type="checkbox"/> <input type="checkbox"/> Saphenous | <input type="checkbox"/> <input type="checkbox"/> Other (<i>specify</i>): _____ |
| <input type="checkbox"/> <input type="checkbox"/> Supraclavicular | <input type="checkbox"/> <input type="checkbox"/> Fascia iliaca | <input type="checkbox"/> <input type="checkbox"/> Ankle block | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Infraclavicular | <input type="checkbox"/> <input type="checkbox"/> Lateral femoral cutaneous | <input type="checkbox"/> <input type="checkbox"/> Caudal | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Interscalene | <input type="checkbox"/> <input type="checkbox"/> Femoral | <input type="checkbox"/> <input type="checkbox"/> Suprascapular | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Paravertebral-thoracic | <input type="checkbox"/> <input type="checkbox"/> Sciatic-popliteal fossa | <input type="checkbox"/> <input type="checkbox"/> Transversus Abdominus Plane | _____ |

Block Technique:

- Hand hygiene, sterile chlorhexidine preparation
- Sterile. Patient position: _____
- Gown
- Monitoring: BP _____
- Pulse oximeter: _____
- EKG _____
- See Electronic Record

Needle: 18g Tuohy 22g Tuohy 21g 4" 22g 2"

Other _____

Ultrasound guided No Yes

Images recorded No Yes

Nerve stimulator used? No Yes

Location of muscle twitch: _____

Lowest mAmp setting that evoked twitch: _____

Oxygen: Nasal cannula Face Mask Flow rate l/min: _____

Drugs Injected:

Local anesthetic: Ropivacaine 0.2% _____

Bupivacaine 0.25% 0.375%

Other _____

Volume: _____ 20 mL 30 mL 40 mL

Additive: Clonidine Dose: _____

Epinephrine, 1:200,000

Epinephrine, 1:400,000

Other _____

24^o time of injection: _____

Catheter Technique:

Depth of catheter insertion: _____ cm

Marker at skin: _____ cm

Fixed to skin with: Clear adhesive dressing

Sutures

Medical skin adhesive

Medication infused: Ropivacaine, 0.2% at _____ mL per hr.

Bupivacaine, 0.25% at _____ mL per hr.

PC bolus dose at _____ mL,
 every _____ min.

Paresthesia No Yes Location _____

Resolved? No Yes

Complications: No Yes, *describe*:

Aspirations negative before injections

Notes:

Physician Sign/ID

White: Medical Records

Yellow: Anesthesia Billing

Pink: Department of Anesthesiology QI



PHY.X.PROC