



Patient Label Here; after procedure completed, make TWO photocopies and submit one copy to APMS Office, other to Spectrum Billing; original to chart

PROCEDURE NOTE
EPIDURAL CATHETER
PLACEMENT / SPINAL DRAIN
or EPIDURAL BLOOD PATCH

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Indication:

- Postoperative pain: Requested/ordered by surgeon who ordered the block for expected unacceptable Post-Op pain.
- Spinal drainage for CSF leak.
- Replacement catheter. Prior catheter removed with tip intact.
- Spinal fluid loss headache.
- Other: _____

Requested/ordered by: _____

Placement Period: PreOp PostOp **Location:** Holding OR PACU Other _____

- Pre-procedure checklist:**
- Patient identified
 - Site and block technique verified
 - Pre-anesthesia record complete
 - Anesthesia consent obtained
 - Surgical consent obtained
 - Surgery site marked
 - Pre-procedure time-out performed

DESCRIPTION OF PROCEDURE: **Catheter Type:** Epidural Spinal Drain Tunneled

Position: Sitting Lateral **Site:** Thoracic Lumbar Caudal

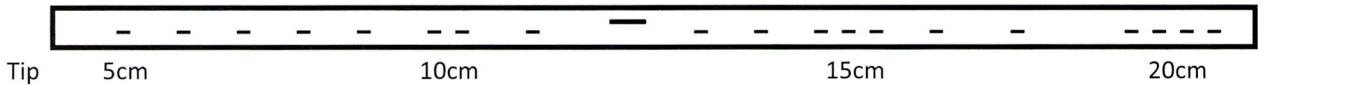
Sterile preparation and drape: Chlorhexidine/Isopropyl Alcohol Betadine Other

Tuohy Needle: 18g 14g Other: _____ Interspace: _____ # Attempts at insertion: _____

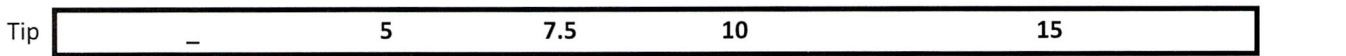
Blood: No Yes **Cerebral spinal fluid:** No Yes **Paresthesia:** No Yes (describe below)

Catheter: 1. Catheter inserted: _____ cm
2. Draw a line across the appropriate catheter diagram to indicate where the catheter exits the skin:

Epidural Catheter:



Spinal Drainage Catheter:



Test Dose: Lidocaine 1.5% with epinephrine _____ mL; Other _____

Heart rate change or subarachnoid block: No Yes describe

Pedi: Omnipaque 240 _____ mL Omnipaque 300 _____ mL Epidural positioning on x-ray _____

Drugs: _____ **Sensory Block:** _____

Complications: No Yes, describe:

Notes:

Physician Signature/ID _____ Date _____ 24 hr time _____

I was present for the placement:

Physician Signature / ID _____ Date _____ 24 hr time _____

QI Observations

NO LISTED OBSERVATIONS

- Non-functional in first 24 hours
- Replaced on (date) _____ for any reason by (physician) _____
 - Thoracic
 - Lumbar
 - Caudal
- Inadvertent dural puncture
- Removed or technique changed for side effects
- Sedation and/or respiratory depression requiring Naloxone
- Infections
- New neurological symptoms not relieved by adjusting infusion
- Neurology consult requested: Yes No
- Catheter not secured properly
- Catheter disconnection
- Catheter displaced
- Other (specify)

CONFIDENTIAL: Not a Medical Record. Please return this form to the Anesthesiology Dept.

This record is maintained as part of either (1) a hospital quality program for the identification and prevention of medical injury (including education) pursuant to the Maine Health Security Act (24 MRSA, chapter 21) or (2) a confidential quality improvement program involving review of medical care on behalf of physicians, conducted under the auspices of the Maine Medical Association as authorized under the provisions of 32 MRSA, section 3296.

Department Billing / QI