

REGIONAL ANESTHESIA PROCEDURE RECORD

Date: _____ Start Time: _____ End time: _____

INDICATION			
<input type="checkbox"/> Surgical <input type="checkbox"/> Analgesia <input type="checkbox"/> Requested by Dr. _____ for post-op pain management.			
PROCEDURE			
<input type="checkbox"/> Interscalene block <input type="checkbox"/> Supraclavicular block <input type="checkbox"/> Infraclavicular block <input type="checkbox"/> Sciatic block	<input type="checkbox"/> Interscalene catheter block <input type="checkbox"/> Supraclavicular catheter block <input type="checkbox"/> Infraclavicular catheter block <input type="checkbox"/> Sciatic catheter block	<input type="checkbox"/> Axillary block <input type="checkbox"/> Femoral nerve block <input type="checkbox"/> Caudal block <input type="checkbox"/> Thoracic epidural catheter	<input type="checkbox"/> Lumbar epidural catheter <input type="checkbox"/> Spinal Narcotic <input type="checkbox"/> Epidural Narcotic <input type="checkbox"/> Other block: _____
CONSENT			
Risks, benefits and alternatives to this regional were discussed with the patient. Risk discussed included: <input type="checkbox"/> Bleeding <input type="checkbox"/> Infection <input type="checkbox"/> Nerve Injury <input type="checkbox"/> Headache <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Local anesthetic toxicity All patient's questions were answered. Consent was given: <input type="checkbox"/> By patient <input type="checkbox"/> By _____			
SITE			
Marked: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> TIMEOUT performed			
MONITORS			
<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> EKG <input type="checkbox"/> ETCO2 <input type="checkbox"/> Other _____			
OXYGEN			
_____ (L/min) <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask <input type="checkbox"/> Other _____			
SEDATION		LEVEL OF SEDATION	
<input type="checkbox"/> Midazolam _____ <input type="checkbox"/> Fentanyl _____ <input type="checkbox"/> Alfentanil _____ <input type="checkbox"/> Other _____		<input type="checkbox"/> Patient awake <input type="checkbox"/> Patient sedated. Easily aroused and conversant. <input type="checkbox"/> Patient under general anesthesia. <input type="checkbox"/> Patient under spinal / epidural/PNB.	
NEEDLE			
_____ gauge <input type="checkbox"/> Stimulating <input type="checkbox"/> Non-Stimulating			
TECHNIQUE			
<input type="checkbox"/> Nerve stimulation <input type="checkbox"/> Infiltration <input type="checkbox"/> Ultrasound-guided <input type="checkbox"/> Loss of resistance Motor response _____ mA Depth (cm) _____			
INJECTATE			
<input type="checkbox"/> Bupivacaine Site _____	<input type="checkbox"/> Lidocaine Conc (%) _____	<input type="checkbox"/> Mepivacaine Vol (ml) _____	<input type="checkbox"/> Ropivacaine Clonidine _____ mcg Epi _____ 1: _____ 00K
<input type="checkbox"/> _____ Site _____	<input type="checkbox"/> _____ Conc (%) _____	<input type="checkbox"/> _____ Vol (ml) _____	<input type="checkbox"/> _____ Clonidine _____ mcg Epi _____ 1: _____ 00K
ULTRASOUND GUIDED PROCEDURE		PROCEDURE COMPLICATIONS	
<input type="checkbox"/> Relevant anatomy identified (nerves, vessels, muscles) <input type="checkbox"/> Local anesthetic spread visualized around nerve(s) <input type="checkbox"/> Vascular puncture avoided Ultrasound-guided catheter placed <input type="checkbox"/> yes <input type="checkbox"/> no		Pain on injection: <input type="checkbox"/> no <input type="checkbox"/> yes Supplement: <input type="checkbox"/> no <input type="checkbox"/> yes Blood aspiration: <input type="checkbox"/> no <input type="checkbox"/> yes Action Taken _____	

COMMENTS: _____

Pre & Post Procedure Orders: _____

☐ Please refer to Anesthesia Standing Orders

Signature (required): _____ Date: _____ Time: _____