14B4 SURGERY RECORD

St.Vincent

ANESTHESIOLOGY ULTRASOUND

Patient ID

PATIENT TYPE

☐ Adult ☐ Pediatric

INDICATION

☐ Nerve Block ☐ Perineural Catheter

☐ Vascular Access ☐ Central ☐ Peripheral

PROBE TYPE

☐ Linear Array ☐ Curved Array

PROBE ORIENTATION

☐ Short Axis (SAX)
☐ Long Axis (LAX)

NEEDLE APPROACH

☐ In Plane (IP)
☐ Out of Plane (OOP)

SIDE

☐ Left ☐ Right

TARGET NERVE(S)

☐ Brachial plexus
☐ Lumbar plexus
☐ Fascia Iliaca
☐ Femoral Nerve
☐ Adductor canal
☐ Sciatic popliteal
☐ Transversus abdominis plane
☐ Other:_____

TARGET VESSEL(S)

☐ Internal Jugular vein
☐ Subclavian vein
☐ Femoral vein
☐ Radial artery
☐ Femoral artery
☐ Other:_____

APPROACH

☐ Interscalene ☐ Axillary ☐ Sciatic
☐ Supraclavicular ☐ Femoral ☐ Popliteal
☐ Infraclavicular ☐ Adductor Canal ☐ Transverse abdominal plane
☐ Other_____

NOTES

ULTRASOUND INTERPRETATION FOR VASCULAR ACCESS

☐ An initial ultrasound scan was conducted to identify and evaluate potential access sites. Color flow and Doppler were used, where relevant, to confirm landmarks, identify potential obstructions, and plan needle trajectory. Various views were observed and considered. Ultimately, the vessel(s), as noted above, were chosen and observed to be patent. The appropriate access needle(s) was selected. Real time ultrasound guidance was used to gain needle access to said vessel(s). Access wires and catheters were visualized within the vessel lumen(s). Any concerns or abnormal pathological findings (specifically related to the procedure(s) outlined here) are noted here:
  ☐ No abnormal findings related to this vascular access event.
  ☐ Other:_____

ULTRASOUND INTERPRETATION FOR NERVE BLOCK(S)

☐ An initial ultrasound scan was conducted to identify and evaluate the target nerve(s). Color flow and Doppler were used, where relevant, to confirm landmarks, identify potential obstructions, and plan needle trajectory. Various views were observed and considered. Using real time ultrasound guidance, an appropriate echogenic peripheral nerve block needle was selected, inserted, and placed in close proximity to the target nerve(s) as noted above. Using real time ultrasound guidance slow, fragmented local anesthetic injections were carried out. See accompanying form(s) for block details. Target nerve position and diameter were continuously monitored.
  ☐ The nerve(s) appeared anatomically normal throughout the injection(s).
  ☐ There were no abnormal or pathological findings related to the block(s).
  ☐ Other:_____

GOOD PERINEURAL SPREAD OF LOCAL ANESTHETIC OBSERVED ☐ Yes ☐ No

Date:	Time:	Signature:	Pager:

ANESTHESIOLOGY ULTRASOUND GUIDANCE NOTE