



PERIPHERAL NERVE BLOCKADE

Patient ID

BLOCK(S) PERFORMED	PATIENT CONDITION / POSITION																																							
<input type="checkbox"/> Interscalene <input type="checkbox"/> Adductor <input type="checkbox"/> Paravertebral <input type="checkbox"/> Infraclavicular <input type="checkbox"/> Sciatic <input type="checkbox"/> Lumbar <input type="checkbox"/> Thoracic <input type="checkbox"/> Supraclavicular <input type="checkbox"/> Saphenous <input type="checkbox"/> Transversus Abdominus Plane <input type="checkbox"/> Axillary <input type="checkbox"/> Femoral <input type="checkbox"/> Other: _____ <input type="checkbox"/> Obturator <input type="checkbox"/> Fascia iliaca	<input type="checkbox"/> Consent Obtained <input type="checkbox"/> Patient Awake <input type="checkbox"/> Patient Sedate with meaningful contact maintained PNB performed under: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> General Anesthesia Indication: _____ Position: <input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> LLD <input type="checkbox"/> RLD <input type="checkbox"/> Sitting																																							
LOCATION/INDICATION	TECHNIQUE																																							
Side (confirmed with patient): <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral Indication: <input type="checkbox"/> Analgesia <input type="checkbox"/> Surgical Anesthesia <input type="checkbox"/> Requested for pain management by Dr. _____ Site: <input type="checkbox"/> Shoulder <input type="checkbox"/> Chest Wall <input type="checkbox"/> Knee <input type="checkbox"/> Upper Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Lower Leg <input type="checkbox"/> Elbow <input type="checkbox"/> Flank <input type="checkbox"/> Ankle <input type="checkbox"/> Lower Arm <input type="checkbox"/> Hip <input type="checkbox"/> Hand / Wrist <input type="checkbox"/> Upper Leg <input type="checkbox"/> Other _____	<input type="checkbox"/> Ultrasound Guidance (see report) <input type="checkbox"/> Catheter Placement <input type="checkbox"/> Depth at Skin _____cm <input type="checkbox"/> Triple Monitoring <input type="checkbox"/> Parasthesia (If present, describe quality): _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Motor Response or Paresthesia Obtained</th> <th style="width:10%;">mA</th> <th style="width:10%;">mS</th> <th style="width:20%;">Depth (cm)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Sedative Given</th> <th>mg/mcg (IV)</th> <th>Time Given</th> <th>Sedative Given</th> <th>mg/mcg (IV)</th> <th>Time Given</th> <th>Sedative Given</th> <th>mg/mcg (IV)</th> <th>Time Given</th> </tr> </thead> <tbody> <tr> <td>Midazolam</td> <td> </td> <td> </td> <td>Alfentanil</td> <td> </td> <td> </td> <td>Zofran</td> <td> </td> <td> </td> </tr> <tr> <td>Fentanyl</td> <td> </td> <td> </td> <td>Propofol</td> <td> </td> <td> </td> <td>Scopolamine patch</td> <td> </td> <td> </td> </tr> </tbody> </table>	Motor Response or Paresthesia Obtained	mA	mS	Depth (cm)									Sedative Given	mg/mcg (IV)	Time Given	Sedative Given	mg/mcg (IV)	Time Given	Sedative Given	mg/mcg (IV)	Time Given	Midazolam			Alfentanil			Zofran			Fentanyl			Propofol			Scopolamine patch		
Motor Response or Paresthesia Obtained	mA	mS	Depth (cm)																																					
Sedative Given	mg/mcg (IV)	Time Given	Sedative Given	mg/mcg (IV)	Time Given	Sedative Given	mg/mcg (IV)	Time Given																																
Midazolam			Alfentanil			Zofran																																		
Fentanyl			Propofol			Scopolamine patch																																		
PROCEDURE PREP	NARRATIVE/EVENTS/SUCCESS																																							
Site Prep: <input type="checkbox"/> Chlorhexidine (Tinted) <input type="checkbox"/> Provodine-Iodine <input type="checkbox"/> CDC Guidelines Followed Needle(s): Pajunk <input type="checkbox"/> 100 mm 21Ga Sonoplex <input type="checkbox"/> 50 mm 22Ga Sonoplex Arrow <input type="checkbox"/> 17Ga Tuohy Needle & Cath <input type="checkbox"/> 19Ga Stimucath Other: _____	Narrative: Injection was made incrementally with constant monitoring and aspiration every _____ml(s) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"> </th> <th style="width:30%;">Action Taken</th> </tr> </thead> <tbody> <tr> <td>Blood Aspirated</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>Intravenous Test Using Epinephrine</td> <td><input type="checkbox"/> Negative <input type="checkbox"/> Positive</td> </tr> <tr> <td>Pain on Injection Noted</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>Resistance on Injection</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> High</td> </tr> <tr> <td>Manometry</td> <td><input type="checkbox"/> <input type="checkbox"/> N/A</td> </tr> <tr> <td>Good Hydrodynamic Dissection Spread on Ultrasound</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>No Intraneural Injection Observed</td> <td><input type="checkbox"/> Correct <input type="checkbox"/> Incorrect</td> </tr> </tbody> </table>		Action Taken	Blood Aspirated	<input type="checkbox"/> No <input type="checkbox"/> Yes	Intravenous Test Using Epinephrine	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	Pain on Injection Noted	<input type="checkbox"/> No <input type="checkbox"/> Yes	Resistance on Injection	<input type="checkbox"/> Normal <input type="checkbox"/> High	Manometry	<input type="checkbox"/> <input type="checkbox"/> N/A	Good Hydrodynamic Dissection Spread on Ultrasound	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Intraneural Injection Observed	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect																							
	Action Taken																																							
Blood Aspirated	<input type="checkbox"/> No <input type="checkbox"/> Yes																																							
Intravenous Test Using Epinephrine	<input type="checkbox"/> Negative <input type="checkbox"/> Positive																																							
Pain on Injection Noted	<input type="checkbox"/> No <input type="checkbox"/> Yes																																							
Resistance on Injection	<input type="checkbox"/> Normal <input type="checkbox"/> High																																							
Manometry	<input type="checkbox"/> <input type="checkbox"/> N/A																																							
Good Hydrodynamic Dissection Spread on Ultrasound	<input type="checkbox"/> Yes <input type="checkbox"/> No																																							
No Intraneural Injection Observed	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect																																							
INJECTATE	Events: <input type="checkbox"/> None; easy and well tolerated <input type="checkbox"/> Difficult: _____ Success: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Failed <input type="checkbox"/> Aborted <input type="checkbox"/> Full Evaluation Pending Patient Condition: See Form 14Z																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Anesthetic</th> <th>Volume</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Ropivacaine: <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.375% <input type="checkbox"/> 0.5% <input type="checkbox"/> 0.75% <input type="checkbox"/> 1% <input type="checkbox"/> Other _____</td> <td>ml</td> </tr> <tr> <td><input type="checkbox"/> Bupivacaine: <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.375% <input type="checkbox"/> 0.5% <input type="checkbox"/> Other _____</td> <td>ml</td> </tr> <tr> <td><input type="checkbox"/> Mepivacaine: <input type="checkbox"/> 1.5%</td> <td>ml</td> </tr> <tr> <td><input type="checkbox"/> Lidocaine: <input type="checkbox"/> 1%</td> <td>ml</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td> </td> </tr> </tbody> </table> <input type="checkbox"/> Epinephrine 1/ _____00,000 <input type="checkbox"/> Precedex _____mcg <input type="checkbox"/> Decadron _____mg	Anesthetic	Volume	<input type="checkbox"/> Ropivacaine: <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.375% <input type="checkbox"/> 0.5% <input type="checkbox"/> 0.75% <input type="checkbox"/> 1% <input type="checkbox"/> Other _____	ml	<input type="checkbox"/> Bupivacaine: <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.375% <input type="checkbox"/> 0.5% <input type="checkbox"/> Other _____	ml	<input type="checkbox"/> Mepivacaine: <input type="checkbox"/> 1.5%	ml	<input type="checkbox"/> Lidocaine: <input type="checkbox"/> 1%	ml	<input type="checkbox"/> Other:																													
Anesthetic	Volume																																							
<input type="checkbox"/> Ropivacaine: <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.375% <input type="checkbox"/> 0.5% <input type="checkbox"/> 0.75% <input type="checkbox"/> 1% <input type="checkbox"/> Other _____	ml																																							
<input type="checkbox"/> Bupivacaine: <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.375% <input type="checkbox"/> 0.5% <input type="checkbox"/> Other _____	ml																																							
<input type="checkbox"/> Mepivacaine: <input type="checkbox"/> 1.5%	ml																																							
<input type="checkbox"/> Lidocaine: <input type="checkbox"/> 1%	ml																																							
<input type="checkbox"/> Other:																																								

PERIPHERAL NERVE BLOCKADE

Date: _____ Time: _____ Signature: _____ Pager: _____