

Anesthesiology Procedure Note
NEURAXIAL BLOCKADE

Patient Name _____
 Medical Record # _____
 Age _____ Sex _____
 (Patient name plate stamp)

Block(s) performed _____ **Surgical site confirmed:**
 Left Right Midline
 Anticoagulation/antithrombosis status was reviewed

Indication: _____ Analgesia Anesthesia Specifically requested for management of pain by Dr. _____
 Dx/pain location: _____

Date: ____/____/20____ **Start time** (____ : ____) **End time** (____ : ____)

Pt Condition: **Intitial BP:** ____/____ **HR:** ____ **O2 Sat:** ____ **VAS Pain:** 0 1 2 3 4 5 6 7 8 9 10
 awake sedate with meaningful contact maintained
 Performed under general anesthesia with the indication: _____

Preparation: drape povidone-iodine chlorhexidine alcohol iodophor/isopropyl

Position: LLD RLD sitting prone

Technique: mid-line paramedian loss of resistance to saline loss of resistance to air

Approximate interspace: Thoracic: **T** -**T** Lumbar: **L** -**L** .
 injection given through needle **Loss of resistance at depth:** _____ cm.
 Catheter insertion, mark at skin: _____ cm.

Needle(s): Epidural needle gauge: _____ Needle length if not 3.5 inches: _____
 Spinal needle gauge: _____ Pencil-tip Quincke introducer
 Manufacturer of neuraxial needle/catheter/ tray: _____

Injectate:

Spinal Local Anesthetic	Dose (mg)	Baricity	Adjuncts	Epinephrine
Epidural Local Anesthetic	Volume (ml)		Adjuncts	Epinephrine
				<input type="checkbox"/> 1/____00,000
				<input type="checkbox"/> not used

Narrative: **The test dose given was:**

			Action Taken
Paresthesia encountered	<input type="checkbox"/> no	<input type="checkbox"/> yes	
CSF via catheter or epidural	<input type="checkbox"/> no	<input type="checkbox"/> yes	
Blood aspirated:	<input type="checkbox"/> no	<input type="checkbox"/> yes	
Intravenous/Spinal test:	<input type="checkbox"/> negative	<input type="checkbox"/> positive	
Pain on injection noted:	<input type="checkbox"/> no	<input type="checkbox"/> yes	

Injection was made incrementally with constant monitoring and aspiration every ____ml's.

Events: none: easy/ well tolerated difficult:

Success: **Block Level(s):** _____ failed aborted a full evaluation is pending

Pt Condition: **Post BP:** ____/____ **HR:** ____ **O2 Sat:** ____ **VAS Pain:** 0 1 2 3 4 5 6 7 8 9 10

Sedation Given	Dose (mcg /mg)

The procedure was performed by _____(sign). I was present and medically directed.
 I performed the procedure myself. **ATTENDING MD SIGNATURE:** _____