

Anesthesiology Procedure Note
PERIPHERAL NERVE BLOCKADE

Peripheral Nerve Block(s) performed

Patient Name

Medical Record #

Age

Sex

(Patient name plate stamp)

Approach: _____ Left Right side confirmed

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

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

Pt Condition: Intitial BP:_____/____ HR: ____ VAS Pain score: 0 1 2 3 4 5 6 7 8 9 10

- awake sedate with meaningful contact maintained
 PNB performed under spinal / epidural / general anesthesia. Indication: _____

Preparation: povidone-iodine chlorhexidine iodophor/isopropyl alcohol drape

Position: supine prone LLD RLD sitting

Needle(s): short-bevel Tuohy long-bevel pencil-tipped

Manufacturer, length, gauges: _____

Technique: injection through needle catheter placement (depth at skin _____ cm).

- nerve stimulation infiltration ultrasound

paresthesia. describe quality of paresthesia : _____

Motor response or paresthesia obtained	mA	mS	depth (cm)	Sedation Given	mg/mcg
				Midazolam	
				Fentanyl	

Injectate: bupivacaine ropivacaine mepivacaine lidocaine 2-CP

Concentration (%)	Volume (mL)	Adjunct	Epinephrine
			<input type="checkbox"/> 1/____00,000
			<input type="checkbox"/> not used

Narrative: Injection was made incrementally with constant monitoring and aspiration every _____ ml's.

- Blood aspirated: no
 Intravenous test using epinephrine: negative
 Pain on injection noted: no
 Resistance on injection normal

Action Taken	
<input type="checkbox"/> yes	
<input type="checkbox"/> positive	
<input type="checkbox"/> yes	
<input type="checkbox"/> high	

Events: none: easy and well tolerated difficult:

Success: complete partial failed aborted full evaluation pending

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

The procedure was performed by _____(sign). I was present and medically directed.

I performed the procedure myself. **ATTENDING MD SIGNATURE:** _____