Consent Attestation: I have explained the alternatives, benefits, risks, side effects and potential complications (including bleeding, infection, hematoma, local anesthetic toxicity, seizures, death, temporary and permanent nerve injury and loss of extremity function) of any single injection peripheral nerve block (SIPNB) and/or continuous peripheral nerve block (CPNB). All were thoroughly discussed and the patient and/or guardian acknowledge and accept all risks of SIPNB and/or CPNB.

Side: □ Right □ Left □ Bilateral

Surgeon Request: Surgeon predicts very difficult pain management with the planned surgical procedure and has consulted the department of regional anesthesia, via written order, to place a peripheral nerve block for post-operative pain management for this patient. If a CPNB has been placed, infusion is anticipated for up to 72 hours post-operatively unless otherwise discussed.

Pre-Block Neuro History & Exam:

□ (--) Motor Weakness □ (--) Pain □ (--) Numbness □ (--) Paresthesias □ (--) Dysesthesias

Notes:

Timeout:

□ Correct patient identity □ Confirmation of correct side and site marked □ Accurate procedure consent form
□ Agreement on procedure to be done □ Correct patient position

Initiated by: _____________________ Time: ___________

Anxiolysis:

Versed ______ mg IV       Fentanyl ______ mcg IV

Procedure:

□ Sterile technique observed including site prep with chlorhexidine, sterile drape, sterile gloves, mask and hat

□ Continuous Catheter __________/_________ cm at skin: IS, SC, IC, Fl, Fem, Sci/Pop, PVB, TAP via Tuohy: □ 17ga □ 18ga

□ SIPNB: IS, SC, IC, Axil, Fl, Fem, Saph, Sci/Pop, PVB, TAP, SCP, T1/T2, Pec 1&2, Ser Ant

Tuohy: □ 17ga □ 18ga □ 20ga □ 22ga

Ropivacaine □ 0.2% □ 0.35% □ 0.5% □ _______ ml

Mepivacaine □ 1% □ 1.5% □ 2% □ _______ ml

□ SIPNB: IS, SC, IC, Axil, Fl, Fem, Saph, Sci/Pop, PVB, TAP, SCP, T1/T2, Pec 1&2, Ser Ant

Tuohy: □ 17ga □ 18ga □ 20ga □ 22ga

Ropivacaine □ 0.2% □ 0.35% □ 0.5% □ _______ ml

Mepivacaine □ 1% □ 1.5% □ 2% □ _______ ml

□ Ultrasound Guidance □ (--) Injection at low pressure at 10cc/min

□ (--) Heme aspirated □ (--) Negative neural swelling or expansion
□ (--) Pain on injection □ (--) Negative hematoma
□ (--) Paresthesias □ (--) Complications noted

Performing Physician:

□ Bartlett □ Clark □ Cole □ Frohock □ Gardner □ Johnstone □ Milliron □ Pendarvis □ ____________

PHYSICIAN SIGNATURE ___________________________ DATE ______________ TIME _____________

CPT Codes:

□ 64415 Brachial Plexus □ 64445 Sciatic □ 64420 Intercostal

□ 64416 Brachial Plexus Cath □ 64446 Sciatic Cath □ 64447 Femoral □ 64425 Ilioinguinal

□ 64418 Brachial Plexus Cath □ 64448 Femoral Cath □ 64449 Lumbar Plexus □ 64461 Paravertebral

□ 64450 Other Nerve □ 76942 Ultrasound ( ) □ 64467 TAP Cath

Origin: 5/09; 11/11; 11/11A; 4/14; 3/16; 6/16