

Regional Anesthesia Procedure Record – Paravertebral

Date _____ Referring Service / MD _____
 Start Time _____ Vital Signs: BP _____ mmHg; HR _____ bpm; SpO₂ _____ RA Nasal Cannula _____ L/min
 End Time _____
 Intravenous sedation: alfentanil _____ mcg midazolam _____ mg
 Other _____ operative anesthesia post-operative analgesia

Pause Initiated: Correct patient / procedure / site confirmed prior to block. Patient is NOT on low molecular weight heparin (enoxaparin or dalteparin) or other blood thinning medication. PT/INR _____/_____

Patient positioned: Sitting Supine Prone Lateral R/L

Skin prepared: chlorhexidine / alcohol Other _____

Blood pressure, EKG, respirations and O₂ Sat monitored continuously. **See print out reverse side.**

Needle <input type="checkbox"/> 17/18 ga x 2" <input type="checkbox"/> 17/18 ga x 3 1/2" <input type="checkbox"/> 17/18 ga x 5 15/16" Catheter Stimucath <input type="checkbox"/> 19/20 ga x 60 cm <input type="checkbox"/> 19/20 ga x 90 cm	Continuous nerve block needle Main Dose: <input type="checkbox"/> Ropivacaine _____% _____ mL <input type="checkbox"/> Bupivacaine _____% _____ mL <input type="checkbox"/> 2% lidocaine with 1:200:00 epinephrine _____ mL <input type="checkbox"/> Other _____ <input type="checkbox"/> Additive _____
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Needle placed at _____

Needle Point Confirmed:

Nerve stimulation _____ mHz Ultrasound
 Ultrasound / hydrodissection Electrical impedance
 Other _____

Loss of resistance confirmed with: Air Normal Saline

D5W Air / Saline Air / D5W

Raj test: Positive Negative

Test Dose:

2% lidocaine with 1:200:00 epinephrine
 positive (see comments) negative (see comments)

Catheter secured:

Mastisol Tegaderm Medipore tape Stat lock
 Tunneled Yes No

If yes, depth at skin _____

Other _____

Aspirating every _____ mL

With injection, there was:

Pain: Yes See comments

No

Paresthesia: Yes See comments

No

Blood: Yes See comments

No

CSF: Yes See comments

No

ICD9 Code:	Single Injections	Catheters	Events, Check Below
Block request in chart	<input type="checkbox"/> 64413 Cervical Paravertebral	<input type="checkbox"/> 64416 Cervical Paravertebral	<input type="checkbox"/> Patient did not go to OR
<input type="checkbox"/> 338.18 Post-op pain	<input type="checkbox"/> 64421 Thoracic Paravertebral	<input type="checkbox"/> An401 Thoracic Paravertebral	<input type="checkbox"/> Failed Block
<input type="checkbox"/> 338.11 Pain from Trauma	<input type="checkbox"/> 64483 Lumbar Paravertebral	<input type="checkbox"/> 64449 Lumbar Paravertebral	<input type="checkbox"/> Wet Tap
<input type="checkbox"/> 338.12 Thoracotomy pain	<input type="checkbox"/> 76942 Ultrasound		<input type="checkbox"/> Hematoma
<input type="checkbox"/> 338.19 Other Acute pain	<input type="checkbox"/> Other _____		<input type="checkbox"/> Allergic Reaction
			<input type="checkbox"/> Toxic Reaction
			<input type="checkbox"/> Block higher than planned
			<input type="checkbox"/> Pneumothorax
			<input type="checkbox"/> Other _____
			<input type="checkbox"/> See Progress Note

Patient tolerated the procedure well and there were no complications

I was present for the entire procedure / scrubbed: Yes No Comments: _____

Teaching Physician personally performed the procedure _____

I was present for key portions of the procedure. _____

Resident _____

Fellow _____

Attending _____ MD# _____ Date / Time _____

RN _____ Date / Time _____



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Patient Name:

Patient Identification #: