**Physician Orders**

**REGIONAL ANESTHESIA PROCEDURE NOTE**

[X or R] = will be ordered unless marked out.

<table>
<thead>
<tr>
<th>Height: ______ cm</th>
<th>Weight: ______ kg</th>
</tr>
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**Allergies:**

- [ ] No known allergies
- [ ] Medication allergy(s): 
  
- [ ] Latex allergy
- [ ] Other: 

**Physician Orders**

- [ ] Medication allergy(s): 
  
- [ ] Latex allergy
- [ ] Other: 

**Progress Record**

- **Indications:** The block(s) was/were placed:
  - [ ] for postoperative pain control
  - [ ] is the primary anesthetic
  - [ ] The procedure was specifically requested for management of postoperative pain by Dr. _____________________________

- **Assistants:** None (Unless otherwise specified)

- **Date of block procedure:** ____/____/____
- **Time:** ___________

- **Type of block procedure:**
  - [ ] Femoral
  - [ ] Sciatic
  - [ ] Lumbar Plexus
  - [ ] Lat. Popliteal
  - [ ] CSE
  - [ ] Post. Popliteal
  - [ ] Ankle
  - [ ] Interscalene
  - [ ] Infraclavicular
  - [ ] Axillary
  - [ ] Epidural

- **Position:**
  - [ ] Supine
  - [ ] Prone
  - [ ] RLD
  - [ ] LLD
  - [ ] Sitting
  - [ ] Other ___________________________________________________________________________________________________

- **Prep:**
  - [ ] Chloraprep
  - [ ] Betadine
  - [ ] Other ___________________________________________________________

- **Location of block:**
  - [ ] Right
  - [ ] Left
  - [ ] Thoracic ________________
  - [ ] Lumbar ___________
  - [ ] Epidural

- **Needle:**
  - [ ] Short bevel block needle ______ gauge
  - [ ] Touhy ______ gauge
  - [ ] Whitacre ______ gauge
  - [ ] Quinke ______ gauge
  - Length ______ cm. ______ in.
  - For Epidurals: LOR – [ ] Positive [ ] Negative
  - Aspiration – [ ] Negative [ ] Positive [ ] Blood [ ] CSF
  - Catheter: [ ] No [ ] Yes [ ] Stimcath [ ] Epidural Depth ______ cm

- **Nerve Stimulator:**
  - Response _______________________________
  - Stimulator Start: ______ mA to end of twitch ______ mA
  - Aspiration: [ ] Negative [ ] Positive [ ] Blood [ ] CSF
  - Epidural Test Dose: Time __________
  - [ ] Lidocaine 1.5% w/1/200,000 epi _____ ml
  - [ ] Other __________________________
  - CSE: CSF – [ ] Positive [ ] Negative Spinal Dose __________
  - Level __________________________

- **Peripheral Nerve Blocks:**
  - Injection was made incrementally with aspiration every 5 ml. No sharp pain was elicited during the injection.
  - There was no indication of IV or spinal injection.
  - [ ] Yes [ ] No – if no please explain _________________________________________________________________________
  - Local anesthetic and dose: __________________________ ______ml

- **EBL:** None (Unless otherwise specified)

- **Specimens Removed:** NA

- **Findings**

**Date**

**Time**

**Physician's Signature**

**MD Number**

*111*