



ULTRASOUND GUIDED AXILLARY BLOCK PROCEDURE NOTE

Anesthesia consult was placed by Dr. _____ for post procedural analgesia. The patient's chart was reviewed and they were deemed an appropriate candidate for the procedure. The patient was educated in detail on the risks, benefits, and alternatives to the block including but not limited to: temporary or permanent nerve damage, bleeding, infection, damage to surrounding tissues, possible block failure and the potential for local anesthesia toxicity syndrome. The patient expressed understanding and all questions were answered prior to the initiation of the procedure. Informed consent was also signed by the patient and laterality determined per institutional policy. A formal "time out" consistent with the institutions rules and regulations was performed by the anesthesia provider and appropriate RN.

Procedure

The patient was placed in the supine position appropriate for the block. The (circle one) BILATERAL/LEFT/RIGHT side was marked and skin prep applied and allowed to dry. Proper monitors were applied (circle one) WITH/WITHOUT oxygen. Sedation was provided by administering (circle and record dose):

Versed _____ mg IV

Fentanyl _____ mg IV

Other: _____

(Circle one) (X) *Meaningful content was maintained throughout the procedure.

(X) patient was placed under general anesthesia (see induction note).

A high frequency linear ultrasound probe (circle one) (X) with probe cover/ (X) without probe cover, was placed over inner arm near the armpit and axillary artery, veins and brachial plexus identified using sterile coupling gel. The brachial plexus was identified in the neurovascular sheath surrounding the axillary artery. The projected needle path and entry point of the skin was infiltrated with _____ mLs of lidocaine ___% or _____, _____% following application of sterilizing agent. An echogenic block needle was then advanced maintaining an in-plane visualization throughout the procedure, under ultrasound guidance from (circle one) (X)superior to inferior (X) other _____, to come to rest adjacent to, but avoiding contact to the brachial plexus or axillary artery. Upon negative aspiration, _____ mLs of Ropivacaine/marcaine _____%, with _____ mLs of added lidocaine/marcaine/Exparel _____%(circle one) WITH/WITHOUT _____ mg decadron was administered safely and cautiously between the muscle planes. Aspiration every 5 cc was done to avoid potential intravascular injection. All injections were done without resistance and were free of blood. All relevant vasculature was carefully avoided throughout the procedure. The patient tolerated the procedure well without report of intense pain, tinnitus, metallic taste or circumoral numbness. The block was then evaluated after a few minutes and appeared to be functioning appropriately. Images stored electronically.

Sign _____

Date/time _____