**ST. LUKES SURGERY CENTER of CHESTHERFIELD, L.L.C.**

**PAIN MANAGEMENT PROCEDURE NOTE**

Procedure: Interscalene brachial plexus Block (64415) Superficial Cervical plexus Block (64999) Ultrasound guided (76942)

Indication: In consultation with , an interscalene brachial plexus Block (64415) and Superficial Cervical Pl block (64999) was recommended to the patient for postoperative analgesia following .

Anesthesia:  Assistant:

Informed consent was provided. Benefits of, and alternatives to the procedure were discussed, and the following risks were delineated, but were not limited to:

Block Failure[x] , Nerve injury[x] , Infection[x] , Procedural discomfort[x] , Accidental intravascular injection (seizure, arrhythmia, death)[x] , Allergic reactions[x] , Hematoma / bleeding[x] , Pneumothorax[x] . All questions were answered, and the patient wished to proceed.

A “TIME OUT” was performed verifying correct procedure and site. Standard monitoring was instituted using: EKG, NIBP, SPO2. Nasal O2 at 2L/min was administered. Conscious sedation was achieved with intravenous and. Patient remained responsive and cooperative throughout the entire procedure. Skin was prepped with. The needle insertion site was anesthetized with. Regional blockade was performed with an 22Ga “blunt tip regional” needle.

The brachial plexus was located using ultrasound guidance. The needle was advanced using an “in plane” view and the needle tip was visualized throughout, guided to the perineural space. Regional vessels were identified and avoided. The pleura was not traversed. The patient did not complain of any paresthesias or pain during needle placement. Once the nerve roots were identified,  was injected in 5ml increments with minimal resistance and no reported discomfort. Repeated aspirations excluded intravascular location. A total volume of  was injected, and spread around the plexus was confirmed. An image was saved to the chart. In addition,  nerve block was performed. This was performed by injecting 8ml of 0.5% bupivacaine along the posterior edge of the SCM muscle with a 25G hypodermic needle.

Sterile technique was maintained and vital signs remained stable throughout. The patient tolerated the procedure well. There were signs and symptoms of a solid block within 15-20 minutes. No complications were noted. Instructions related to the care of an insensate limb and possible side-effects of the block were provided to the patient and his/her responsible parties.

Notes:

  Date / Time