## McLaren Flint FLINT, MICHIGAN

FLINT, MICHIGAN		PATIENT IDENTIFICATION	
ANESTHESIA			
PERIOPERATIVE BLOCK RECORD			
Diagnosis: PAIN  Shoulder Elbow/ Arm  Diagnosis: PAIN Abdominal Pain		arm/ Wrist ::	☐ Knee
☐ Paravertebral C/T (64490) ☐ Inter	rscalene/ Supra / Infra ary <i>(64417)</i> rcostal <i>(64420-21)</i> s Abdominus / Rectus		☐ Adductor Canal (64447) ☐ Spinal Tap Diag (62270)
Surgical Site/Procedure/ Verification and Marking (F YES, Time out Performed. Time:  Aseptic precautions followed  Sterile dressing plane Monitors /Equipment:  EKG  SPO2  NIBP/A-LINE  Ultrasound  Nerve Stimulator: Motor Response absent (site)  Requested by surgeon for post op pain control	aced  (76942)	n ☐ Resuscitation E mAmp, @2Hz N pied to the patient's c sualize needle place	eedle Depth
•			
Needle: Mfg Gauge: Le	engtn:	Otner:	
Sedation (see Medication Administration Record): Sedation (see Medication Administrati	ml preserva e w/ Epi 1:200,000 b Lidocaineml bivicaineml	tive free Normal Sali ml □0.25% Bupriva	ne acaine w/ Epi 1:200,000ml
<u> </u>	S   NO		
	S  NO		
Complications YES	S ∐ NO		
Acceptance: The Division of Anesthesiology hereby accepts transfer of the direction of interventional post-operative pain management of the patient identified herein for the duration the nerve block is in effect due to the nature of the pain management methods required to facilitate patient recovery after the planned procedure.			
Anesthesia Provider Signature			
Date (required) Time (required)		11	MAGE
ANESTHESIA PERIOPERATIVE BLOCK RECORD			

M1708-301 Revised (10/19)

