

**McLaren Flint
FLINT, MICHIGAN
ANESTHESIA EPIDURAL
PROGRESS NOTE**

Date: _____ Epidural day number: 1 2 3 4 5 _____ Catheter marking at skin: _____ cm

Site assessment: Without redness Without induration Redness Painful Drainage Other _____

Motor/sensory assessment: normal motor sensory Other _____

Additional findings/assessment:

Physician signature _____ Date/time _____

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Original – Medical Record
1st Copy – Anesthesia

**ANESTHESIA EPIDURAL
PROGRESS NOTE**
17839 (2/13)



265B

PT.
MR.#/RM.
DR.