Ultrasound Guided Nerve Block

1. The patient denies pre-procedure tingling, numbness, or weakness in the affected extremity.
2. There are no signs of infection overlying the injection site.
3. The patient denies allergies to either amides and esthers.
4. If taking an anti-coagulant or non-aspirin platelet inhibitor, specifically discuss and list on consent form the low likelihood of increased bleeding (not an absolute contra-indication).
5. Contact Orthopedics in advance to ensure they concur with the block for the following fractures: humeral shaft, elbow, both bone forearm, and femoral shaft.
6. Do not perform in cases of tibial fracture, high energy forearm fracture, high energy foot fracture, or findings suggestive of a neurovascular injury
7. Check and document intact neuro-vascular status and soft compartments
8. Pharmacy has confirmed rapid intralipid availability if ``LAST´´ is suspected.
9. A ``time-out´´ was done at ____ and confirmed correct indication, patient and side.
10. Hands were washed and the site was prepped with chlorhexidine; sterile gel used.
11. The dose of the anesthetic calculated and confirmed with pharmacy as safe.
    a. Ropivacaine 0.2% (2mg/cc): Max of 3 mg/kg. (not to exceed 60 cc). (long acting)
    b. Lidocaine 1% with epi (10mg/cc): Max of 7 mg/kg. (medium acting)
    c. 2-Chloroprocaine 3% (30mg/cc): Max of 11 mg/kg. (short acting)
12. Placed on cardiac monitoring if patient felt to be at higher risk for arrhythmia.
13. The target nerve was identified, aspiration was negative, needle tip was visualized the entire time, injection pressure was low, and no paresthesia was elicited.
14. The attending´s initials and the date and time were written on the blocked extremity with permanent marker.
15. If admitted, the anesthesiologist on call was contacted to review the post block care of the blocked extremity.
16. If discharged, the ED physician and the patient reviewed the post block care of the blocked extremity with return to ED precautions given.