Continuous Peripheral Nerve Block Tracking Sheet

Date of Surgery: _____/_____/_____
Catheter Site: ____________________________
Patient Phone #: _______________________

Surgeon: ____________________________
Procedure: ______________________________________________________

Post-op
Basal rate _____ mL/hr, Bolus _____ mL, Lockout _____ min.
Instructions and local anesthetic toxicity sx explained to patient, MD phone # provided.
Pump tubing secured to catheter, pump programmed, and perineural infusion started.
All questions answered.

Date: ____/____/____

POD#1
Basal rate _____ mL/hr, Bolus _____ mL, Lockout _____ min.
Patient or patient's caretaker contacted by phone or in person.
Sx of local anesthetic toxicity, catheter migration, and infection denied.
Appropriate sensory/motor function of affected extremity acknowledged.
Surgical pain under control.
All questions answered.

Date: ____/____/____

POD#2
Basal rate _____ mL/hr, Bolus _____ mL, Lockout _____ min.
Patient or patient's caretaker contacted by phone or in person.
Sx of local anesthetic toxicity, catheter migration, and infection denied.
Appropriate sensory/motor function of affected extremity acknowledged.
Surgical pain under control.

Catheter removed by patient/caretaker with MD on phone, tip reported to be blue/silver OR
Catheter left in situ.
All questions answered.

Date: ____/____/____

POD#3
Basal rate _____ mL/hr, Bolus _____ mL, Lockout _____ min.
Patient or patient's caretaker contacted by phone or in person.
Sx of local anesthetic toxicity, catheter migration, and infection denied.
Appropriate sensory/motor function of affected extremity acknowledged.
Surgical pain under control.

Catheter removed by patient/caretaker with MD on phone, tip reported to be blue/silver OR
Catheter left in situ.
All questions answered.

Date: ____/____/____

POD#4
Basal rate _____ mL/hr, Bolus _____ mL, Lockout _____ min.
Patient or patient's caretaker contacted by phone or in person.
Sx of local anesthetic toxicity, catheter migration, and infection denied.
Appropriate sensory/motor function of affected extremity acknowledged.
Surgical pain under control.

Catheter removed by patient/caretaker with MD on phone, tip reported to be blue/silver OR
Catheter left in situ.
All questions answered.

Date: ____/____/____

Volume of local anesthetic delivered: ____________
Pump refilled ____________ mL

Please return to Dr. Mariano—Not part of medical record