Reason for Encounter: __________________________________________

Referring MD/team: _____________________________________________

Patient POD _______ and catheter day ________ s/p__________________________ with:
- Perineural catheter (continuous peripheral nerve block) infusing ropivacaine 0.2%
- Epidural catheter (T ____ L ____ ) infusing bupivacaine 0.____% with HYDROMorphone ____ mcg/mL

Infusion: basal ____ mL/hr, bolus dose _____ mL, lockout 30 min

Pain in involved extremity or area over last 12 hours (0-10): average ____ , worst ____
- Symptoms of local anesthetic toxicity, catheter migration, and infection denied
- Vital signs stable
- Catheter in situ, dressing C/D/I, area without erythema, induration or exudate
- Appropriate motor/sensory function of affected extremity

IMPRESSION:
- Pain is under adequate control  ❑  Pain is not under adequate control

PLAN:
- Continue local anesthetic infusion
- Catheter discontinued intact
- Infusion pump refilled ____ mL
- Infusion settings changed: basal ____ mL/hr, bolus dose ____ mL, lockout ____ min
- Ok to d/c patient home with pump
- Additional recommendations:

________________________________________________        ________________________
Fellow / Resident / NP Signature  PID#                                                                            Date/Time

Attending Notes

❑ I interviewed and examined the patient, and concur with findings.
  ❑ Revise with these additional findings.

❑ Care Plan: I agree with above Plan of Care.

________________________________________________        ________________________
Physician Signature/PID#                                                                            Date/Time