### Anesthesia Solutions of Mobile
Providence Hospital
Anesthesia Billing Record

**Attention: Dotted areas created for VitalMed use.**

- **MDA Only**
  - MDA 1 __________________ MDA 2 __________________ MDA 3 __________________
  - Relief Given By ________________ Time in: ______ Time Out: _____ (relief must be noted in anes. recrd.)

- **MDA/CRNA**
  - CRNA 1 __________________ CRNA 2 __________________ CRNA 3 __________________
  - Relief Given By ________________ Time in: ______ Time Out: _____ (relief must be noted in anes. recrd.)

**Date of Service:** ________________
**Admit Status (Circle One):**
- Outpatient (<24 hr)
- Inpatient
- ASC
- Office

**Diagnosis(es):**
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________

**Surgical/Obstetrical Anesthesia**
(if post-op pain mgmt provided, fill in pain mgmt section below.)

- **Anesthesia Type (Circle One):**
  - General
  - MAC
  - Epidural
  - Spinal
  - Regional
  - TIA
  - Other ______

- **Start Time:** ________  **End Time:** __________

- **Procedure(s):**
  - (Give Specifics)

**Ancillary Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36555</td>
<td>Non–tunneled CV Line (&lt; 5 yrs)</td>
</tr>
<tr>
<td>36556</td>
<td>Non–tunneled CV Line (5 yrs or &gt;)</td>
</tr>
<tr>
<td>93503</td>
<td>Swan–Ganz</td>
</tr>
<tr>
<td>36620</td>
<td>Arterial Line</td>
</tr>
<tr>
<td>31500</td>
<td>Emergency Intubation</td>
</tr>
</tbody>
</table>

**Other Procedure(s)**
(Include Details)

**Post Operative Pain Management**
- **Procedure:** ____________________________
- **Was this service for:**
  - Post op pain only
  - Anes serv/ post op pain
  - Other ________________
  - Daily Mgmt of continuous epi/spinal catheter (01996): Date(s): ________________

**ICD−9**

**CPT−Mod**

**ANES0002**
# Universal Protocol for Surgical/Invasive Procedures

**Location (Surgery/procedure area/unit):**

**Date:**

**Procedure:**

<table>
<thead>
<tr>
<th>Pre-operative Verification</th>
<th>Time Out Immediately Prior to Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial (Physician must be present) Initial</td>
</tr>
<tr>
<td><strong>Correct Patient</strong></td>
<td>Correct Patient</td>
</tr>
<tr>
<td><strong>Correct Procedure</strong></td>
<td>Correct Procedure</td>
</tr>
<tr>
<td><strong>Correct Site:</strong></td>
<td>Correct Site:</td>
</tr>
<tr>
<td></td>
<td>Correct Side:</td>
</tr>
<tr>
<td></td>
<td>Left</td>
</tr>
<tr>
<td></td>
<td>Right</td>
</tr>
<tr>
<td></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Site Marked by Physician</strong></td>
<td>Correct Position</td>
</tr>
</tbody>
</table>

**Medical Records and Imaging Available and Verified**

<table>
<thead>
<tr>
<th>Informed Consents</th>
<th>History and Physical</th>
<th>Anesthesia Evaluation</th>
<th>Lab</th>
<th>X-rays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- **Participants:**
  - Physician: 
  - Anesthesia: NA
  - Nurse/Tech: 

- **Prophylactic antibiotic received within one hour prior to surgical incision:**
  - Yes
  - No
  - NA

- **Antibiotics are mandatory for the following procedure:**
  - Head and neck procedures (incisions through oral or pharyngeal mycosa)
  - Elective Craniotomy
  - Spine with implants
  - Cardio–thoracic
  - Abdominal (Gastroduodenal, Biliary)
  - Vascular
  - Colorectal
  - Orthopedic with Implants
  - Hysterectomy: Vaginal, Abdominal, or Radical
  - Hernia with mesh
  - High Risk Genitourinary (ASA > 3)
  - Appendectomy (Uncomplicated)

**Note:** Use two methods of patient identification.

Place this form in the Consent Section of the chart.
BLOCK TREATMENT RECORD

Date: ________________  Pre–Op Start: ________________  End: ________________

OR Room #: ________________  OR Start: ________________  End: ________________

Surgeon: ________________  MD Start: ________________  End: ________________

Circulator: ________________  PACU Time: ________________

Scrub: ________________  Pre–Op Diagnosis: ________________

XRay: ________________  Surgical Procedure: ________________

Medication Injection Charges

35516689 – IV Piggy/back/hr: ________________  35516670 – IM or Sub Q Injection: ________________

35516662 – IV Push Injection: ________________  35516697 – Moderate Sedation: ________________

Outpatient Surgery Implant & Equipment Verification Checklist / Logging / QA

Time In: ________________  Time Out: ________________  Signature: ________________

Case Set Up: ________________  Finish: ________________  Room Clean Up: ________________  Finish: ________________

Surgeon Late: (LO2)

<table>
<thead>
<tr>
<th>Case Scheduled for</th>
<th>Case Bumped/Delayed until</th>
<th>Case Moved to Main OR</th>
</tr>
</thead>
</table>

Surgery arrived at: ________________  Called Charge Nurse to Notify: Yes / No  Case Cancelled: ________________

Comments: ______________________

Case Delay

<table>
<thead>
<tr>
<th>Lab – L08</th>
<th>Anesthesia – L03</th>
<th>Pt. Late Arrival – L01</th>
<th>Pre–Op – L12</th>
<th>Transport – L13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Placement</td>
<td>Previous Case Ran Late – L07</td>
<td>Unavailable Equipment – C15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unavailable Staff</td>
<td>Circulator – C19</td>
<td>Scrub – C18</td>
<td>Retractor – C17</td>
<td></td>
</tr>
</tbody>
</table>

Length of Delay: ________________

Comments: ______________________

Difficult Intubation: (Q29)

<table>
<thead>
<tr>
<th>Multiple Attempts</th>
<th>Flexible Intubation</th>
<th>Oral – Laryngeal Trauma</th>
<th>Light Wand</th>
<th>Laryngospasm</th>
<th>Case Cancelled</th>
</tr>
</thead>
</table>

Comments: ______________________

Equipment Malfunction: (C09)

<table>
<thead>
<tr>
<th>Removed from Patient Care</th>
<th>Reported to Bio–Med for Repairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of Event Filed</td>
<td>Name of Equipment: ________________</td>
</tr>
</tbody>
</table>

Describe Event: ______________________

Case Cancelled Due to:

<table>
<thead>
<tr>
<th>Patient Condition – C03</th>
<th>Anesthesia – C02</th>
<th>Surgeon – C04</th>
<th>Patient Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Transferred to Main OR – C24</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ______________________

Patient Return to OR: (C23)

<table>
<thead>
<tr>
<th>Hemorrhage</th>
<th>Airway Control</th>
<th>Unstable Vital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments: ______________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF CASE CANCELLED WHILE PATIENT ON O.R. TABLE OR IF PATIENT RETURNS TO O.R. IN SAME DAY, YOU MUST FILL OUT REPORT OF EVENT FORM

IMPLANT INFORMATION: APPLY STICKERS IF AVAILABLE

Manufacturer: ______________________  Model #: ______________________  Lot #: ______________________

Size: ______________________  Catalog #: ______________________  Quantity: ______________________

UCG: [ ] Yes  [ ] No

Dev: 10/2001  rev 6/05  OPS00006
Dear Patient:

You have just received an epidural steroid injection at Providence Hospital as requested by your referring physician. The medication placed by the anesthesiologist will require 24 to 48 hours to help alleviate your pain. You may feel discomfort at the site of the injection for a day or two. The anesthesiologist performing the procedure will be happy to explain the procedure and answer all questions. Your referring physician will manage your need for additional epidural injections, bed rest or physical therapy. Thank you for this opportunity to help relieve your pain. If you have questions or need further assistance after hours, you may call 633−1000 and ask to page anesthesia on call.

Anesthesia solutions
Providence Hospital – Pain specialist Physicians

Dr. Braswell
Dr. Fontenot
Dr. Marchese
Dr. Archibald
Dr. Steinhauer
Dr. Foster
Dr. Peattle
**Anesthesia Solutions of Mobile**  
Providence Hospital  
**Pain Management Billing Record**

Attention: Green dotted areas created for VitalMed use.

Pain Mgmt Provider: ____________________________  
Referring Physician: ____________________________

Date of Service: __________  Admit Status (Circle One): Outpatient (< 24 hr)  
Inpatient  
Office

Diagnosis(es):

| ICD-9 | ICD-9 | ICD-9 | ICD-9 
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pain Management** (See green Anesthesia billing record for post-op pain mgmt)

Procedure(s):  
(Give Specifics)

<table>
<thead>
<tr>
<th>Procedure(s)</th>
<th>CPT-Mod</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was anesthesia provided for this pain mgmt procedure?  
☐ Yes  
☐ No  
If yes, fill in green anes. tickets for MDA/CRNA.

---

**Outpatient Eval and Mgmt (E&M)**  
Outpt E&M cont.

<table>
<thead>
<tr>
<th>Outpatient Eval and Mgmt (E&amp;M)</th>
<th>Outpt E&amp;M cont.</th>
<th>Initial Inpt Hosp Visit (not consult)</th>
</tr>
</thead>
</table>
| *New or Established Outpt Consult | Established Outpt Office Visit (non-consult) | 99221  
Problem Focused | Detailed  
99211 | Nurse visit  
99222 | Comprehensive  
99212 | Problem Focused  
99231 | Problem Focused  
99213 | Subsequent Inpt Hosp Visit (not consult)  
99215 | Comprehensive  
99232 | Expanded Problem Focused  
99241 | Problem Focused  
99251 | Detailed  
99242 | Problem Focused  
99252 | Intermediate  
99243 | Expanded Problem Focused  
99253 | Extended  
99244 | Comprehensive  
99254 | Comprehensive  
99245 | Complex  
99255 | Complex  
99201 | Problem Focused  
99202 | Expanded Problem Focused  
99203 | Detailed  
99204 | Comprehensive  
99205 | Complex  

---

**Notes:**

ANES0005
### Anesthesia Record

**Anesthesiologist/Anesthesiologist**

<table>
<thead>
<tr>
<th>Positioning</th>
<th>Induction</th>
<th>Monitors &amp; Lines</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supine</td>
<td>Pre-oxygenation</td>
<td>Anesthesia machine checked out</td>
<td>Spinal</td>
</tr>
<tr>
<td>Prone</td>
<td>Intravenous</td>
<td>Pulse oximeter</td>
<td>Epidural</td>
</tr>
<tr>
<td>Lithotomy</td>
<td>Inhalation</td>
<td>EKG</td>
<td>Ankle</td>
</tr>
<tr>
<td>Lateral</td>
<td>Cricoid pressure</td>
<td>BP cuff: L R</td>
<td>Interscalene</td>
</tr>
<tr>
<td>Pressure point pads</td>
<td>Rapid sequence</td>
<td>Stethoscope</td>
<td>Axillary</td>
</tr>
<tr>
<td>Axillary roll</td>
<td>Antibiotic and time dosed:</td>
<td>Esoph</td>
<td>Bier</td>
</tr>
<tr>
<td>Arms: Tucked</td>
<td>Cricoid pressure</td>
<td>Cardiac monitor</td>
<td>Other:</td>
</tr>
<tr>
<td>Lateral:</td>
<td>Rapid sequence</td>
<td>Lidocaine</td>
<td></td>
</tr>
<tr>
<td>Pressure point pads</td>
<td>Antibiotic and time dosed:</td>
<td>LMA</td>
<td></td>
</tr>
<tr>
<td>Axillary roll</td>
<td>Cricoid pressure</td>
<td>Intubation</td>
<td></td>
</tr>
<tr>
<td>Eyes: Taped</td>
<td>Rapid sequence</td>
<td>Secure @ cuff</td>
<td></td>
</tr>
<tr>
<td>Lateral:</td>
<td>Antibiotic and time dosed:</td>
<td>ET CO2</td>
<td></td>
</tr>
<tr>
<td>Pressure point pads</td>
<td>Antibiotic and time dosed:</td>
<td>EBL</td>
<td></td>
</tr>
<tr>
<td>Axillary roll</td>
<td>Antibiotic and time dosed:</td>
<td>Urine output</td>
<td></td>
</tr>
<tr>
<td>Warming blanket</td>
<td>Antibiotic and time dosed:</td>
<td>EBL</td>
<td></td>
</tr>
<tr>
<td>Hot line</td>
<td>Antibiotic and time dosed:</td>
<td>EBL</td>
<td></td>
</tr>
</tbody>
</table>

**Induction**

- Pre-oxygenation
- Intravenous
- Inhalation
- Cricoid pressure
- Rapid sequence
- Antibiotic and time dosed:

**Monitors & Lines**

- Anesthesia machine checked out
- Pulse oximeter
- EKG
- BP cuff: L R
- Stethoscope
- Esoph
- Cardiac monitor
- Lidocaine
- LMA
- Intubation
- Secure @ cuff
- ET CO2
- EBL
- Urine output

**Regional**

- Spinal
- Epidural
- Ankle
- Interscalene
- Axillary
- Bier
- Other:

**Positioning**

- Supine
- Prone
- Lithotomy
- Lateral
- Pressure point pads
- Axillary roll
- Arms: Tucked
- Eyes: Taped
- Warming blanket
- Hot line

**Indication**

- Oral
- Nasal
- Trach
- Direct
- Fiberoptic
- LMA

**Induction**

- Tube: 
- Secured @ cm
- Cuff
- ET CO2
- BBS
- Stylette

**Discontinuous time (if applicable)**

- Start
- End

**Drugs & Doses**

**Block performed by (initials):**

**Remarks:**

**Time:**

- Oxygen (L/min)
- N2O
- Air
- (ET%)

**Anesthesiologist in room (initials):**

- Pre-re-evaluated immediately before anesthesia induction

**Induction**

- HR
- BP

**Emergence**

- RR
- Vital signs

**Cont. available**

- Available for RR

**Available for RR**

- Ventilations (I S/A/V)
- Tidal Volume
- Respiratory Rate
- Peak Inspiratory Press

**TOTALS**

- HR
- BP

**Remarks:**

**REV 10/02 ANES0001a**
### Anesthesia Record

#### Pre-Anesthesia Evaluation

<table>
<thead>
<tr>
<th>Date</th>
<th>Diagnosis</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications**
- None

**Allergies**
- NKA

**Family History of Anesthesia**
- No Problems

**Tests & Labs**

<table>
<thead>
<tr>
<th>Tests &amp; Labs</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG</td>
<td>NL</td>
</tr>
<tr>
<td>CXR</td>
<td>No acute disease</td>
</tr>
<tr>
<td>HCG</td>
<td>NA</td>
</tr>
<tr>
<td>PT (INR)</td>
<td></td>
</tr>
<tr>
<td>PTT</td>
<td></td>
</tr>
</tbody>
</table>

**Cardiopulmonary Status**

<table>
<thead>
<tr>
<th>Cardiopulmonary Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary status</td>
<td></td>
</tr>
</tbody>
</table>

**Airway**
- Mallampati class: I

**Cardiovascular**
- No problems

**Respiratory**
- No problems

**Neuro/Musculoskeletal**
- No problems

**GI/Liver**
- No problems

**Renal/Endocrine**
- No problems

**Other**
- No problems

**Planned anesthesia/special monitors**
- No problems

**ASA Class**
- I

**Post-Anesthesia Data**

- No Anesthesia Complication

**Anesthesia Record**

- Seen
- Condition: Satisfactory
- Sensorium: Awake
- Airway: None
- Temp: INS
- Anesthetist: ___________________________
Anesthesia Solutions of Mobile, Inc.

Consent for Anesthesia

I hereby authorize and direct Anesthesia Solutions of Mobile, Inc. and the individual anesthesia provider to care for me, and to administer general, regional, or monitored anesthesia care (intravenous sedation) for surgery.

The nature, purpose, and risks of the anesthetic, the possibility of complications, as well as alternatives have been fully explained by ____________. I understand that although favorable results can be expected, they cannot be and are not guaranteed.

It is the understanding of the undersigned that an Anesthesiologist, or a Certified Registered Nurse Anesthetist (CRNA) under the direction of the Anesthesiologist, will administer the anesthesia, and that the administration and maintenance of anesthesia is an independent function from the surgery.

________________________________________
Signature of patient or guardian

________________________________________
Witness

________________________________________
Date

Developed July, 2002
Revised September, 2002
N4/03 CON00002
<table>
<thead>
<tr>
<th>INIT. / SIGNATURE / TITLE</th>
<th>INIT. / SIGNATURE / TITLE</th>
<th>OMISSION CODES</th>
<th>INJECTION CODES</th>
<th>PAIN SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>R PATIENT REFUSED</td>
<td>LD LT DELTOID</td>
<td>--- 0 NO PAIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N NPO</td>
<td>RD RT DELTOID</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U OFF UNIT</td>
<td>LG LT GLUTEUS</td>
<td>--- (0–10 SCALE)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D DIALYSIS</td>
<td>RG RT GLUTEUS</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I IV OUT</td>
<td>LL LT VASTUS LATERALIS</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H HOLD PER ORDER</td>
<td>RL RT VASTUS LATERALIS</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O OTHER–NURSES’ NOTES</td>
<td>LV LT VENTRALGLUTEAL</td>
<td>--- 10 UNBEARABLE PAIN</td>
</tr>
</tbody>
</table>

**ALLERGIES:**

Lidocaine 1% .2ml – 1 ml pm ID IV Insertion

<table>
<thead>
<tr>
<th>TIME</th>
<th>ID</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IV**

1000 RL KVO

<table>
<thead>
<tr>
<th>TIME</th>
<th>ID</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Line One: [ ] Started [ ] Maintained [ ] D/C [ ] Restarted
Location/Size: Attempts X
Site/Condition: [ ] Without redness/swelling
* Requires Comment * Comments:
* Comments: [ ] Flashes easily
[ ] Redness*
[ ] Left > 3 days (rationale)*
[ ] Infiltated*
[ ] Bruised*
# OUTPATIENT SURGERY
## PAIN MANAGEMENT

### ASSESSMENT/REASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>IN</th>
<th>30</th>
<th>60</th>
<th>90</th>
</tr>
</thead>
</table>

- **Pain Scale (0–10)** (Document pain level above and initials below)
- Instructed to call for pain
- Pharmacological intervention (refer to MAR for details)

### Non-pharmacologic Interventions

- Reposition
- Cold Application
- Heat Application
- Exercises
- Imagery
- Back rub
- Distraction
- Relaxation
- Other

### Reassessment following intervention
(Pain level above and initials below)

- Monitored for possible side effects related to Meds (i.e., nausea, vomiting, constipation, itching, urinary retention, etc.)

### Patient and/or family educated
related to pain management plan.
<table>
<thead>
<tr>
<th>DATE</th>
<th>HOUR</th>
<th>ANESTHESIA SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>PHYSICIAN’S ORDERS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>STANDARD PRE BLOCK ORDERS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. I.V. 1000cc LR @ KVO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. May use Lidocaine 1% plain up to 1cc intradermal for IV insertion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. UCG if needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. INR if taking Coumadin</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Signature</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>POST BLOCK ORDERS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Discharge home</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Signature</strong></td>
</tr>
</tbody>
</table>

Developed: January 2001
Reviewed: January 2002
Revised: October 2002
NURSING SURGICAL 
BLOCK / TREATMENT RECORD

Date ____________________

INTRAOPERATIVE RECORD

OR #: ____________ Preop Start: ____________ End: ____________

Surgeon: ____________________ OR Start: ____________ End: ____________

Circ: ____________________ MD Start: ____________ End: ____________

Scrub: ____________________ PACU Time: ____________

XRay: ____________________ Preop Diagnosis: ____________________

Surgical Procedure: ____________________

INTRAOPERATIVE RECORD

Prep: ☐ Betadome (per physician) ☐ Other: ____________________

C−Arm Exposure Time: ____________________ ☐ BandAid to Site

Tray: ____________________ Lot: ____________________ Exp: ____________________

Vital Signs Every 5 Minutes: ☐ O₂ per cannula at ________ LPM ☐ Not Used

<table>
<thead>
<tr>
<th>Time:</th>
<th>B/P:</th>
<th>HR:</th>
<th>SaO₂:</th>
<th>Resp:</th>
</tr>
</thead>
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Circulator Notes: __________________________________________________________

__________________________________________

Skin Condition: ☐ Flushed ☐ Pale ☐ Rash ☐ Diaphoretic ☐ Unchanged

☐ Other: ____________________

Level of awareness upon discharge from OR: ☐ Alert & Cooperative ☐ Sedated ☐ Other: ________________

Report to PACU Nurse: ____________________
OUTPATIENT SURGERY
PHYSICIAN SURGICAL BLOCK/TREATMENT RECORD

DATE: _________________________________       TIME: __________

REFERRING PHYSICIAN: ___________________________

☐ New Consult
☐ Original anesthesia consult on chart and updated prn     Date of last block (or N/A):________________________

VS  ☐ See nurses record

Mental Status  ☐ A & OX3

Heart  ☐ S1S2, RRR

Lungs  ☐ CTAB

Comorbidities  ☐ None

INDICATION(S) FOR PROCEDURE:
☐ Pain not controlled by other medication
☐ Pain of uncertain origin
☐ Pain 2° terminal illness

PROCEDURE PERFORMED:
☐ Epidural steriod injection level:_______
☐ Steriod caudal catheter to __________ cm.
☐ Stellate R _____   L ______
☐ Lumbar sympathetic
☐ Facet

PATIENT POSITION:
☐ Sitting  ☐ Prone  ☐ Left Lateral
☐ Right lateral  ☐ Supine

PREP:
☐ Betadine____________________________________
☐ Other________________________________________

MEDICATIONS USED:
☐ __________mg Depo–Medrol
☐ Fentanyl __________mcG
☐ IV Sedation used____________________________
☐ Contrast
☐ ______________________________

Effect of injection (physician/patient subjective):
__________________________________________
__________________________________________
__________________________________________

DIAGNOSIS:
☐ Patient tolerated procedure well
☐ Prescription given for:_______________________

Note: Moderate sedation consisting of ___mcg of Fentanyl and ___mg of Versed was given in the operating room at my direction. A trained observer, a registered nurse, assisted in the monitoring of the patient’s level of consciousness and physiological status. The moderate sedation services included the assessment of patient, establishment of IV access, and fluids to maintain patency, administration of the anesthetic agent, maintenance of sedation, monitoring of oxygen saturation, heart rate, and blood pressure, and monitoring of patient in recovery.

Anesthesiologist’s Signature                         Date/Time

PROVIDENCE HOSPITAL
6801 Airport Boulevard, Mobile AL 36608,
251/633−1000
**Surgical Epidural Block/Treatment Record**

**Pre-Op Call:** ____________ (Time/Date)  
**Recent MRI/CT:** ____________  
**Where:** ____________

**Pre-Op Nurse’s Record:**  
- Alert  
- Oriented – Time, Place, Person  
- Ambulatory  
- Wheelchair  
- Stretcher  
- Past Anesthesia Problems  
- Malignant Hyperthermia  

**Pre-Block Vital Signs:**  
- BP ____________  
- P ____________  
- R ____________  
- SAT ____________  

**Allergies:**  
- Weight: ____________  
- Height: ____________  

**NPO:**  
- (Yes) ____________  
- (No) ____________  

**Discharge Check List**

1. Vital Signs stable within normal acceptable limits  
2. Stable wound site, skin warm and dry  
3. Ambulates without dizziness and with stable BP  
4. Comfortable and free of excessive pain.  
5. Alert, oriented to time, place and person.  

**Nurse Notes:**

**RN Signature:**

**Post Block Record:**  
**Time In:** ____________

**Vital Signs:**

**DISCHARGE CHECK LIST**

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<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<td>6. Able to take PO fluids without nausea</td>
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<td>7. Voided post-Op (Amt. ____________)</td>
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<td>8. Verbal and written instructions given</td>
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<td>9. Prescription given:</td>
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**Accompanied by:**

**Transportation per:**

**Discharge Time:**

**RN Discharging:**

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*OP5015-Nursing/Surgical Block Record*