APPENDIX 1.0 - LONG LIST OF SUGGESTED ITEMS FOR DOCUMENTATION IN REGIONAL ANESTHESIA

Patient information:
1. Name
2. Age
3. Date of birth
4. Gender
5. Medical record/ hospital number
6. Weight
7. Height
8. BMI
9. ASA
10. Allergy

Procedure Preparation:
11. Block performed by _______ (name)
12. Consent
13. Individual risks of procedure discussed and documented
14. Pre-anesthetic evaluation
15. Pre-op diagnosis (Post-operative pain management / surgical diagnosis)
16. Timeout / WHO checklist
17. Stop moment performed
18. Coagulation considered
19. IV access
20. Block procedure name
21. Indication for regional anesthesia (purpose of the block)
22. Request by surgeon for placement for pain management
23. Patient position during the regional anesthesia procedure
24. Monitors applied
25. Baseline vital signs
26. Baseline visual analogue score (VAS)
27. Pre-medication (type and quantity of sedation)
28. Level of sedation (no sedation / light sedation / deep sedation / GA)
29. Indication for block under spinal, epidural or general anesthesia

Procedure Performance:
1. Time and date of regional anesthetic procedure
2. Aseptic agent used
3. Sterile gloves used
4. Mask used
5. Gown used
6. Ultrasound probe decontaminated in accordance with local policy
7. Sterile ultrasound transducer cover used
8. Sterile drape used
9. Skin infiltration with local anesthetic
10. Needle design: tip, manufacturer, length, gauge
11. Local anesthetic used for regional anesthetic technique (concentration and volume)\textsuperscript{5–7}
12. Adrenaline dose used (concentration)\textsuperscript{6}
13. Adjunct used\textsuperscript{5,6,18}

**Specific for Regional Nerve Block Procedures:**
30. Side of block\textsuperscript{19}
31. Block side marked
32. Technique of needle localization (ultrasound / nerve stimulator / landmark technique) \textsuperscript{5–7,20}
33. Approach used (in plane / out of plane)\textsuperscript{1,3,5,6,9,20}
34. No EMR <___mA when applicable\textsuperscript{5,6}
35. Minimum current and current duration \textsuperscript{6,21}
36. Description of motor response\textsuperscript{20}
37. Description of quality of paresthesia\textsuperscript{22}
38. Catheter tip location confirmed by ultrasound / nerve stimulator\textsuperscript{6}
39. Technique of injection (via needle or catheter)\textsuperscript{6,23}
40. Note on incremental injection\textsuperscript{11}
41. Extra-neural spread visualized\textsuperscript{5,6}
42. Note on resistance during injection (pressure < 15psi)\textsuperscript{5,6,24}
43. Absence of blood on aspiration\textsuperscript{5,6}
44. Needle depth before injection\textsuperscript{6,21}
45. Catheter depth at the skin\textsuperscript{5,23}
46. Absence of pain / paresthesia during injection\textsuperscript{5,6,14,21}

**Specific for Neuraxial Procedures:**
47. Approach used (e.g. median / paramedian)\textsuperscript{1,3,5,6,9,20}
48. Vertebal level of needle insertion\textsuperscript{14}
49. Technique used: Loss of resistance to saline / air for epidural insertion
50. Number of attempts\textsuperscript{5}
51. Epidural needle depth at loss of resistance\textsuperscript{6,21}
52. Catheter depth at the skin\textsuperscript{5,23}
53. Note on aspiration and action taken\textsuperscript{11}
54. Absence of pain / paraesthesia during injection\textsuperscript{5,6,14,21}
55. Epidural test dose
56. Dermatomal level of spinal or epidural block achieved\textsuperscript{7,14}
57. Complications\textsuperscript{7}

**Post Procedure:**
58. Adequacy of regional anesthesia procedure\textsuperscript{5,15}
59. Complications\textsuperscript{7}
60. Patient vital signs after the procedure\textsuperscript{25}
61. Patient visual analogue score after the procedure\textsuperscript{15}
62. Post procedure instructions\textsuperscript{5}

**REFERENCES:**


