



# REGIONAL ANAESTHESIA DATA COLLECTION FORM

MINISTRY OF HEALTH MALAYSIA

HKL/BIUS/REGIONAL/02

Record No

WARD / DISCIPLINE

## PATIENT DATA

NAME \_\_\_\_\_ WEIGHT  HEIGHT  BMI

NRIC  ASA: 1 / 2 / 3 / 4 / E \_\_\_\_\_

RN

AGE  SEX: M / F DIAGNOSIS: \_\_\_\_\_

TEL NO: \_\_\_\_\_ SURGERY: \_\_\_\_\_

## BLOCK BASIC INFO

DATE

BLOCK(S) PERFORMED BY: \_\_\_\_\_

ASSISTED BY: \_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

INTENTION: SURGICAL ANAESTHESIA  ANALGESIA

COMBINED ANAESTHETIC: NO (sole PNB include with MAC)

YES - GA  SAB

### CONSENT

SURGERY  ANAESTHESIA

LATERALITY CHECK (Time out):

Initials: \_\_\_\_\_

Site of surgery: Left  Right

Bilateral

## TYPE OF BLOCK

UPPER LIMB

LOWER LIMB

TRUNCAL

Interscalene	<input type="checkbox"/>	Median	<input type="checkbox"/>
Supraclavicular	<input type="checkbox"/>	Ulnar	<input type="checkbox"/>
Infraclavicular	<input type="checkbox"/>	Radial	<input type="checkbox"/>
Axillary	<input type="checkbox"/>	Wrist	<input type="checkbox"/>

Superficial cervical plexus	<input type="checkbox"/>
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OTHER BLOCK(S) : \_\_\_\_\_

Femoral	<input type="checkbox"/>
Adductor canal / Saphenous	<input type="checkbox"/>
Obturator	<input type="checkbox"/>
Fascia Iliaca	<input type="checkbox"/>
LFCN	<input type="checkbox"/>
Ankle	<input type="checkbox"/>

Sciatic	<input type="checkbox"/>
Transgluteal	<input type="checkbox"/>
Subgluteal	<input type="checkbox"/>
Midhigh	<input type="checkbox"/>
Distal Lateral	<input type="checkbox"/>
Popliteal (prone)	<input type="checkbox"/>
Anterior	<input type="checkbox"/>

Paravertebral	<input type="checkbox"/>
PECS	<input type="checkbox"/>
Serratus plane	<input type="checkbox"/>
TAP	<input type="checkbox"/>
Quadratus Lumborum	<input type="checkbox"/>
Lumbar Plexus	<input type="checkbox"/>
Ilioinguinal	<input type="checkbox"/>

Comments: \_\_\_\_\_

## BLOCK PROCEDURE NOTE (Part 1)

AWAKE  SEDATED

ANAESTHETISED  BLOCK AFTER OP

Procedure - Start time ( : ) End time ( : )

Premedication:

IV Midazolam \_\_\_\_\_ mg, IV Fentanyl \_\_\_\_\_ mcg

Other drugs: \_\_\_\_\_

1<sup>st</sup> block \_\_\_\_\_

Technique:  Single injection

Catheter (anchored at skin \_\_\_\_\_ cm, skin to space \_\_\_\_\_ cm), comment \_\_\_\_\_

Catheter infusion rate \_\_\_\_\_ ml/hr  
Drug (s) \_\_\_\_\_

Monitoring device:

- Ultrasound (US)
- Nerve stimulator (NS)
- Dual Guidance (NS + US)
- Landmark
- Triple monitoring (NS+US+injection pressure)

Transducer:  Linear  Curved

Needling:  In-plane  Out of plane

If NS is used		US image	LA	Conc. (%)	Volume (ml)	Adrenaline / Additive
Motor response (specify)	Minimal current (mA) before injection					
		Clear	Ropivacaine Bupivacaine Chirocaine			
		Poor	Lignocaine			

Needle: \_\_\_\_\_

# BLOCK PROCEDURE NOTE (Part 2) \*If there's change in monitoring device, please specify accordingly

For 2<sup>nd</sup> block \_\_\_\_\_

Technique:  Single injection

Catheter (anchored at skin \_\_\_\_\_ cm, skin to space \_\_\_\_\_ cm),  
comment \_\_\_\_\_

Catheter infusion rate \_\_\_\_\_ ml/hr  
Drug (s) \_\_\_\_\_

**Monitoring device:**

- Ultrasound (US)
- Nerve stimulator (NS)
- Dual Guidance (NS + US)
- Landmark
- Triple monitoring (NS+US+injection pressure)

Transducer:  Linear  Curved

Needling:  In-plane  Out of plane

If NS is used		US image	LA	Conc. (%)	Volume (ml)	Adrenaline / Additive
Motor response (specify)	Minimal current (mA) before injection					
		Clear	Ropivacaine Bupivacaine			
		Poor	Lignocaine			

Needle: \_\_\_\_\_

For 3<sup>rd</sup> block \_\_\_\_\_

**Monitoring device:**

- Ultrasound (US)
- Nerve stimulator (NS)
- Dual Guidance (NS + US)
- Landmark
- Triple monitoring (NS+US+injection pressure)

Transducer:  Linear  Curved

Needling:  In-plane  Out of plane

If NS is used		US image	LA	Conc. (%)	Volume (ml)	Adrenaline / Additive
Motor response (specify)	Minimal current (mA) before injection					
		Clear	Ropivacaine Bupivacaine Chirocaine			
		Poor	Lignocaine			

Needle: \_\_\_\_\_

For 4<sup>th</sup> block \_\_\_\_\_

**Monitoring device:**

- Ultrasound (US)
- Nerve stimulator (NS)
- Dual Guidance (NS + US)
- Landmark
- Triple monitoring (NS+US+injection pressure)

Transducer:  Linear  Curved

Needling:  In-plane  Out of plane

If NS is used		US image	LA	Conc. (%)	Volume (ml)	Adrenaline / Additive
Motor response (specify)	Minimal current (mA) before injection					
		Clear	Ropivacaine Bupivacaine Chirocaine			
		Poor	Lignocaine			

Needle: \_\_\_\_\_

# BLOCK PROCEDURE NOTE (Part 3) Events: Uneventful Eventful (refer below)

Others (if not specified as below) \_\_\_\_\_

Bleeding / vascular puncture	
Technical difficulty	
Intraneural injection	
Poor needle visualization	
Anatomical variation	
Inadequate spread	
Failed stimulation (if NS used)	
Horner's syndrome	
Phrenic nerve involvement	
Epidural spread	
Pneumothorax	
LA toxicity: Prodromal sx / CVS / CNS	

- Blood aspirated: Yes  No
- IV test using Adrenaline (if used): positive  negative
- Pain on injection: Yes  No
- Resistance on injection? Normal (<15psi)  High (>15psi)

**BLOCK SUCCESS**

- Adequate
- Partial (require supplements)
- Failed
- Aborted
- NA (if patient under GA / SAB)

**SUPPLEMENTS IF REQUIRED**

- IV analgesics
- Additional blocks
- LA by surgeon

If failed block, any conversion to: GA  SAB

**INTRAOPERATIVE ANALGESIA IF USED**  
\_\_\_\_\_

**POST OP EVALUATION**

(Please correlate with patient feedback form/chart)

*For APS to complete*

Regular analgesics:  Given ( oral, parenteral, combined ), specify \_\_\_\_\_  
 Not given

**Time of rescue** (time at which patient starts to feel pain score > 4 after surgery): \_\_\_\_\_

(if patient on regular analgesics post op and no point in time pain score > 4: no time of rescue)

**Rescue analgesia** (additional analgesia required on top of regular analgesics when patient has breakthrough pain, score>4 after surgery): if required, specify type and time \_\_\_\_\_

Return of motor power (>3/5) – not applicable in blocks like PVB / TAP / PECS / SPB / QLB / SCPB

Time: \_\_\_\_\_

< 6hours	<input type="checkbox"/>
6 – 12 hours	<input type="checkbox"/>
12 – 18 hours	<input type="checkbox"/>
18 – 24 hours	<input type="checkbox"/>
> 24hours	<input type="checkbox"/>

**POST OP COMPLICATIONS** (to be filled up after patient is discharged from APS review)

No complications	<input type="checkbox"/>
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Others (if not listed below)

**Complications in the ward**

Persistent numbness	<input type="checkbox"/>
Persistent weakness	<input type="checkbox"/>
LA toxicity: Prodromal sx / CVS / CNS	<input type="checkbox"/>
Infection	<input type="checkbox"/>
Failed catheter	<input type="checkbox"/>

Please specify \_\_\_\_\_

Deficit persist despite anticipated average time for block regression has passed (>24hours, not on infusion)

Please elaborate: \_\_\_\_\_

- Catheter dislodged
- Catheter leaked
- Pain not controlled on catheter infusion

**Complications after 1 month**

Persistent numbness	<input type="checkbox"/>
Persistent weakness	<input type="checkbox"/>
Infection	<input type="checkbox"/>
Not contactable	<input type="checkbox"/>

Others (if not listed below)

Please specify \_\_\_\_\_

Referral to APS / Anaesthetic clinic for complications detected: YES  NO

Treatment rendered:

- Supportive (include follow up, counselling, or reassurance without intervention)
- Intervention (include medical therapy, referrals, drainage of pneumothorax, non-invasive or invasive ventilation)

Level of satisfaction: Excellent  Satisfied  Poor

# DAILY EVALUATION CORNER

HKL/BIUS/REGIONAL/02

*For APS to complete*

DATE					
TIME					
SEEN BY					
TECHNIQUE (*use abbreviation)					
PAIN SCORE	REST				
	MOVEMENT				
ANALGESICS					
CATHETER INFUSION	RATE				
	CATHETER SITE CLEAN, DRESSING INTACT Any LEAK? SWOLLEN? INFLAMED? BLEEDING?				
	MARKING (cm)				
NEUROLOGICAL RECOVERY	SENSORY (normal / numbness / no sensation)				
	MOTOR (power / Bromage score)				
REMARKS / INTERVENTION					

DATE					
TIME					
SEEN BY					
TECHNIQUE (*use abbreviation)					
PAIN SCORE	REST				
	MOVEMENT				
ANALGESICS					
CATHETER INFUSION	RATE				
	CATHETER SITE CLEAN, DRESSING INTACT Any LEAK? SWOLLEN? INFLAMED? BLEEDING?				
	MARKING (cm)				
NEUROLOGICAL RECOVERY	SENSORY (normal / numbness / no sensation)				
	MOTOR (power / Bromage score)				
REMARKS / INTERVENTION					