

# Development of a Standardized Peripheral Nerve Block Procedure Note Form

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**Objectives:** Despite the tremendous growth of peripheral nerve blocks, no standard format exists to document their performance. Our objective was to create a peripheral nerve block form based on key elements of literature evidence and on our own group consensus.

**Results:** We describe the process and results of our multi-institutional effort to construct a standardized peripheral nerve block procedure form.

**Conclusion:** A form was developed to help meet the medical, legal, and billing requirements of documentation consistent with the performance of peripheral nerve block. *Reg Anesth Pain Med* 2005;30:67-71.

**Key Words:** Regional anesthesia, Peripheral nerve block, Procedure note, Documentation, Medical record.

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The practice of peripheral nerve block (PNB) is growing in several ways. First, wide arrays of techniques and multiple approaches to each plexus and nerve in the body are being employed by the skilled practitioner. Each technique and approach has its own clinical utility, risk, and benefit. Second, the equipment used to localize nerves and achieve neural block has become increasingly specialized and technically sophisticated. Third, several local anesthetics and multiple adjuvants are available for injection. Fourth, PNB is used more frequently by a growing number of practitioners with disparate

skills and varying degrees of knowledge relative to documentation of PNB.

Although the use of PNB have grown, our ability to easily document PNB procedures has not. Despite practical complexities, most practitioners document PNB procedures in a limited space on their institution's anesthesia record. Often, this record has been designed for the purpose of documenting general anesthesia, not PNB. While the space for documenting PNB on records is limited, the importance of the documentation extends beyond making a record for medical-care purposes alone. In today's health-care environment, every part of the patient record must serve to establish a legal record and a compliance record for billing practices and to meet the demands of regulatory agencies.

We, therefore, pooled the collective expertise of individuals from several North American academic institutions. This expertise includes routine clinical practice of regional anesthesia, development of equipment and practices, medical legal consultation, familiarity with billing and regulatory compliance, and our individual experiences with development of PNB procedure notes at our own institutions.

## Methods

A search for pertinent articles on the medical database PUBMED (<http://www.ncbi.nlm.nih.gov>) was made. Key words used for the search were "peripheral nerve block," "anesthesia record," "doc-

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**Table 1.** Key Elements to a Standardized Peripheral Nerve Block Note Form

Number	Elements of Patient Care	Literature Support*	Reference
1	Approach used	A	1
2	Patient condition	B	2
3	Indication for block under spinal, epidural, or general	B	2
4	Aseptic agent used	A	3
5	Patient position	C	
6	Needle design: tip manufacturer, length, gauge	B	4
7	Technique of injection through needle or catheter	B	5
8	Depth of catheter insertion	B	5
9	Technique of needle localization	B	1
10	Description of the quality of paresthesia	B	6
11	Description of the motor response	A	1
12	Type and quantity of sedation given	A	7
13	Minimal current and current duration	A	8
14	Needle depth before injection	B	8
15	Local anesthetic(s) used, concentration, and volume	A	9
16	Epinephrine dose used	A	9
17	Adjuncts used	A	10
18	Note of incremental injection and monitoring	A	11
19	Note of aspiration and action taken	A	11
20	Note of test dose and action taken	A	11
21	Note of monitoring for pain on injection and action taken	A	8
22	Note of monitoring for resistance on injection and action taken	A	12
23	Narrative of events during the procedure	C	
24	Adequacy of block	B	7
25	Patient vital signs after the procedure	B	13
26	Patient visual analog scale pain score after the procedure	B	7
Elements of Billing and Regulatory Compliance			
27	Name of block(s) performed	A	†
28	Patient identification	A	14
29	Side of block	A	15
30	Patient diagnosis or pain location	A	†
31	Indication for procedure	A	†
32	Request by surgeon for placement for pain management	A	†
33	Baseline patient vital signs	A	16
34	Baseline patient visual analog scale pain score	A	17
35	Date of procedure	C	
36	Procedure start and end time	A	†
37	Signature line for resident or trainee	A	†
38	Signature line for medical direction	A	†

\*Level at which the literature supports that the key element has an effect on the process of clinical care, billing, or regulatory compliance. Level A = support in the literature consists of randomized controlled trials or established standard; level B = controversy in the literature generated by case report or editorial; level C = no support, expert opinion.

†Rosenquist RW, Williams BA. Optimizing Billing and Compliance. Syllabus from the 2004 Annual Spring Meeting of the American Society of Regional Anesthesia and Pain Medicine, Orlando FL. Pages 333–341.

umentation,” and “procedure note.” Sixteen articles were found, none of which described the development of a standardized PNB procedure note form.

Existing PNB procedure notes were collected from the institutions of the authors and examined critically by the group. Over the course of several meetings and discussions, plans were made to direct our efforts specifically toward developing a procedure note for PNB in particular (as opposed to neuraxial anesthesia and postoperative analgesia consultation notes).

The authors compiled a list of “key elements” to satisfy the medical, legal, billing, and regulatory goals of a standardized procedure note. The au-

thors characterized each key element on the basis of the level of support for the clinical utility of the key element available in the literature. Level A support is characterized by randomized controlled trials in the literature or documented standards demonstrating that a clinician’s choice in the application of the element is likely to have a direct impact on clinical care. Level B support is characterized by editorials or case reports that have introduced controversy in the literature. Level C support is characterized by a lack of controversy or no literature support. Our expert consensus is that all these elements are important.

After five major revisions, the procedure note was presented for review to the medical records

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