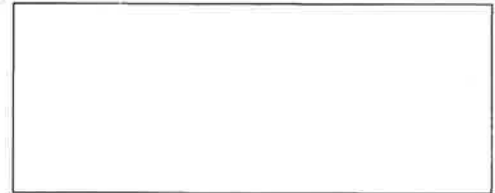


Regional Anesthesia Procedure Superbill & Procedure Note



Indication:

This procedure was performed at the request of the referring physician for postoperative pain control.

Date: _____ Time: _____

Pain Diagnosis Codes:

- Ankle 719.47
- Arm Upper 719.42
- Elbow 719.42
- Foot 719.47
- Forearm 719.43
- Hand 719.44
- Hip/Thigh 719.45
- Knee/Leg 719.46
- Shoulder 719.41
- Wrist 719.43

Nerve Block: Right/Left

- | | | |
|--------------------------------------------|--------|----------|
| | Single | Catheter |
| <input type="checkbox"/> Interscalene | 64415 | 64416 |
| <input type="checkbox"/> Supraclavicular | 64415 | 64416 |
| <input type="checkbox"/> Infraclavicular | 64415 | 64416 |
| <input type="checkbox"/> Axillary | 64417 | 64416 |
| <input type="checkbox"/> Ankle/Wrist | 64450 | |
| <input type="checkbox"/> Femoral | 64447 | 64448 |
| <input type="checkbox"/> Sciatic/Popliteal | 64445 | 64446 |
| <input type="checkbox"/> Paravertebral | 64520 | |
| <input type="checkbox"/> Ultrasound | 76942 | |

Preparation:

- 260700 Chloraprep
- MDS090735 Sterile Prep Pad
- 9512 Integra Clear Sterile Drape
- 1626 Bioclusive Dressing 4 x 4 3/4"
- MD5093902 Betadine Swab (3pk)
- 2C6227 IV Extension Set
- 2C6242 Stopcock
- 9024 4 x 4 Gauze Sponge
- 575-100 400ml Stryker Pain Pump
- 305180 18 GA x 1.5" Needle
- 1104 Nasal Cannula
- 31050522 ECG Electrodes

Procedure:

- H&P and site verified, risks discussed, consent obtained, patient positioned with ASA monitors, supplemental O₂ prn sterile skin prep and technique.
- Sedation _____ mg Versed
- Needle _____ gauge _____ mg Fentanyl
- Motor Response _____ MA _____ Depth
- Ultrasound _____
- Negative Aspiration
- Negative Paresthesia
- Negative Pain on Injection
- Other _____

Needle:

- Single Shot Stimuplex _____ gauge _____ mm
- Continuous Nerve Block Cath

Local Anesthetic:

- Ropivacaine _____ %
- Bupivacaine _____ % EPE _____ volume
- Lidocaine _____ % EPE _____ volume
- Decadron _____ mg
- Other _____

Injection was made incrementally. With constant monitoring and aspiration every 5 mls.

Complications:

- None
- Other: _____

Comments: _____

Pre & Post Procedure Orders:

Please refer to Anesthesia Standing Orders.

Signature (required): _____