**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:**
- Ankles: 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**
- Interscalene: 64415, 64416
- Supraclavicular: 64415, 64416
- Infraclavicular: 64415, 64416
- Axillary: 64417, 64416
- Ankle/Wrist: 64450
- Femoral: 64447, 64448
- Sciatic/Popliteal: 64445, 64446
- Paravertebral: 64520
- Ultrasound: 76942

**Preparation:**
- Chloraprep
- Sterile Prep Pad
- Integra Clear Sterile Drape
- Biohesive Dressing 4 x 4 3/4" x 250
- Betadine Swab (3pk)
- IV Extension Set
- Stopcock
- 4 x 4 Gauze Sponge
- 400ml Stryker Pain Pump
- 18 GA x 1.5" Needle
- Nasal Cannula
- 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

**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):**