

Progress Note for Ambulatory Perineural Local Anesthetic Infusion

Surgery Date: _____ Surgeon: _____
Procedure: _____
Home number: _____ Alternate number: _____

Type of catheter: _____
Inserted by: _____
Infusion solution/rate: _____
Date/Time pump attached: _____
Date/time discharged home: _____

- POD#1 time: _____
- patient or caretaker contacted by phone
 - symptoms of LA toxicity, catheter migration and infection denied
 - appropriate sensory/motor function of affected extremity acknowledged
 - surgical pain under control – Pain score: _____
 - patient would like to have catheter remain in situ at this time
 - all questions answered

NOTES: _____

Signature _____

- POD#2 time: _____
- patient or caretaker contacted by phone
 - symptoms of LA toxicity, catheter migration and infection denied
 - appropriate sensory/motor function of affected extremity acknowledged
 - surgical pain under control – Pain score: _____
 - patient would like to have catheter remain in situ at this time
 - catheter removed by patient's caretaker with telephone support, tip intact
 - all questions answered

NOTES: _____

Signature _____

- POD#3 time: _____
- patient or caretaker contacted by phone
 - symptoms of LA toxicity, catheter migration and infection denied
 - appropriate sensory/motor function of affected extremity acknowledged
 - surgical pain under control – Pain score: _____
 - patient would like to have catheter remain in situ at this time
 - catheter removed by patient's caretaker with telephone support, tip intact
 - all questions answered

NOTES: _____

Signature _____