**PROGRESS NOTE: HOME PERINEURAL LOCAL ANESTHETIC INFUSION**

**Surgery Date:** __________________________  **Surgeon:** __________________________

**Procedure:** __________________________

**Block:** Interscalene  Infraclavicular  Supraclavicular  Popliteal  Femoral

**Solution:**  
- .2% Ropivicaine ________  
- Other: __________________________

**Rate/Bolus/Lockout** ________/______/______  **Time Started:** __________________________

**Day of Surgery per Anesthesia**

- [ ] Initial Block with ________ ml of __________________________

- [ ] Pump tubing secured to catheter. Pump programmed/infusion started

- [ ] Instructions and local anesthetic toxicity symptoms explained to patient

- [ ] Questions answered and contact phone number provided to patient

**Notes:** __________________________

**Signature:** __________________________  **Date:** __________  **Time:** __________

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**POD #1 Date:** __________________________  **Day of Week:** __________________________  **POD #3 Date:** __________________________  **Day of Week:** __________________________

- [ ] Contacted by phone  [ ] Patient  [ ] Caregiver

- [ ] Symptoms of Toxicity elevated  (confused, drowsy, peri-oral numbness etc)  [ ] Yes  [ ] No

- [ ] Nausea/vomiting  [ ] Yes  [ ] No

- [ ] Weakness/Parathesia  [ ] Yes  [ ] No

- [ ] Pain Level  0 1 2 3 4 5 6 7 8 9 10

- [ ] Using Bolus button  [ ] Yes  [ ] No

- [ ] Taking oral meds  [ ] Yes  [ ] No

- [ ] Patient satisfied with Pain relief from Pump  [ ] Yes  [ ] No

- [ ] Patient would like catheter left in place  [ ] Yes  [ ] No

- [ ] Catheter colored tip intact upon removal  [ ] Yes  [ ] No

**Notes:** __________________________

**Signature:** __________________________

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**POD #2 Date:** __________________________  **Day of Week:** __________________________  **POD #4 Date:** __________________________  **Day of Week:** __________________________

- [ ] Contacted by phone  [ ] Patient  [ ] Caregiver

- [ ] Symptoms of Toxicity elevated  (confused, drowsy, peri-oral numbness etc)  [ ] Yes  [ ] No

- [ ] Using Bolus button  [ ] Yes  [ ] No

- [ ] Taking oral meds  [ ] Yes  [ ] No

- [ ] Patient satisfied with Pain relief from Pump  [ ] Yes  [ ] No

- [ ] Patient would like catheter left in place  [ ] Yes  [ ] No

- [ ] Catheter colored tip intact upon removal  [ ] Yes  [ ] No

**Notes:** __________________________

**Signature:** __________________________

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