



## ULTRASOUND GUIDED PECs 1 PROCEDURE NOTE

Anesthesia consult was placed by Dr. \_\_\_\_\_ for post procedural analgesia. The patient's chart was reviewed and they were deemed an appropriate candidate for the procedure. The patient was educated in detail on the risks, benefits, and alternatives to the block including but not limited to: temporary or permanent nerve damage, bleeding, infection, damage to surrounding tissues, possible block failure and the potential for local anesthesia toxicity syndrome. The patient expressed understanding and all questions were answered prior to the initiation of the procedure. Informed consent was also signed by the patient and laterality determined per institutional policy. A formal "time out" consistent with the institutions rules and regulations was performed by the anesthesia provider and appropriate RN.

### Procedure

The patient was placed in the sitting position appropriate for the block. The (circle one) BILATERAL/LEFT/RIGHT side was marked and skin prep applied and allowed to dry. Proper monitors were applied (circle one) WITH/WITHOUT oxygen. Sedation was provided by administering (circle and record dose):

Versed \_\_\_\_\_ mg IV

Fentanyl \_\_\_\_\_ mg IV

Other: \_\_\_\_\_

(Circle one) (X) \*Meaningful content was maintained throughout the procedure.

(X) patient was placed under general anesthesia (see induction note).

A high frequency linear ultrasound probe (circle one) (X) with probe cover/ (X) without probe cover, was placed over the anterior chest and thoracoacromial artery identified using sterile coupling gel. The fascial plane between the pectoralis major and minor was also identified. The projected needle path and entry point of the skin was infiltrated with \_\_\_\_\_ mLs of lidocaine \_\_% or \_\_\_\_\_, \_\_\_\_%. An echogenic block needle was then advanced maintaining an in-plane visualization throughout the procedure, under ultrasound guidance from (circle one) (X) medial to lateral/ (X) superior to inferior, to come to rest adjacent to, but avoiding contact of the from medial to lateral, to come to rest between the pectorals major and minor muscle. Upon negative aspiration, \_\_\_\_\_ mLs of Ropivacaine \_\_\_\_%, with \_\_\_\_\_ mLs of added lidocaine/marcaine/Exparel \_\_\_\_%(circle one) WITH/WITHOUT \_\_\_\_\_ mg decadron was administered safely and cautiously between the muscle planes. Aspiration every 5 cc was done to avoid potential intravascular injection. All injections were done without resistance and were free of blood. The patient tolerated the procedure well without report of intense pain, tinnitus, metallic taste or circumoral numbness. The block was then evaluated after a few minutes and appeared to be functioning appropriately. Images stored electronically.

Sign \_\_\_\_\_

Date/time \_\_\_\_\_

Additional notes: