

Fascia Iliaca L R

Erector Spinae Plane L R

Time : 24 hr

Date / /20

Initials Job Nrs
 Dr

Signature

Verbal consent YES N/a

O₂ and IV access

tick box YES NO

Chlorhex. 0.5% asepsis

tick box YES NO

Blood pressure

5 mins /

10 mins /

15 mins /

Block Conduct

Chirocaine 0.25% /mls 30 40

Neg. aspiration every 5 mls

Catheter inserted YES NO

Pain scores + Resp Rate

Please take subjv. pain score, if objectv. please tick box;

Pre /10 RR
↓
30 mins /10 RR
Post