

Regional Anaesthetic Block Infusion Observation Chart

Full Name:
 Address:
 HCR: *Addressograpgh*

Pain Score		Motor Block <i>(Lumbar or lower limb blocks only)</i>	Motor Block <i>(upper limbs)</i>
0	No Pain	Observe the infant or Ask the child to flex their knees and ankles 0 = No motor block. Child, can lift legs, can bend knees 1 = Can bend knees, can slide legs apart 2 = Can wiggle toes, cannot bend knees 3 = Unable to move legs.	<ul style="list-style-type: none"> Assess upper limb Motor function by testing bilateral hand and finger extension and flexion. Ask the child to curl and extend his/her fingers and squeeze your hands, record ✓ if they can and X if they are unable.
1-3	Mild Pain		
4-6	Moderate Pain		
7-10	Severe Pain		

Date	Time	Infusion		Pain Assessment		Assessment Motor Block		Comments	Catheter Site	Sign
		Rate per Hour	Total	On movement	At Rest	Left	Right		Description – Dry/Intact, old ooze, leak	

Regional Anaesthetic Block Infusion Observation Chart

Full Name:
 Address:
 HCR: ...

Addressograph

Pain Score		Motor Block (Lumbar or lower limb blocks only)	Motor Block (upper limbs)
0	No Pain	<p>Observe the infant or Ask the child to flex their knees and ankles</p> <p>0 = No motor block. Child, can lift legs, can bend knees</p> <p>1 = Can bend knees, can slide legs apart</p> <p>2 = Can wiggle toes, cannot bend knees</p> <p>3 = Unable to move legs.</p>	<ul style="list-style-type: none"> Assess upper limb Motor function by testing bilateral hand and finger extension and flexion. Ask the child to curl and extend his/her fingers and squeeze your hands, record ✓ if they can and X if they are unable.
1-3	Mild Pain		
4-6	Moderate Pain		
7-10	Severe Pain		

Date	Time	Infusion		Pain Assessment		Assessment Motor Block		Comments	Catheter Site	Sign
		Rate per Hour	Total	On movement	At Rest	Left	Right			
									Description – Dry/Intact, old ooze, leak	