

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

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