



Acute Pain Management Service  
**EPIDURAL PROCEDURE NOTE**

Patient Identification \_\_\_\_\_

Date: \_\_\_\_\_

**TIME OUT CHECKLIST** Time: \_\_\_\_\_

- |  |  |
|--|--|
| 1. Patient Identity Verified Using Two Identifiers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Regional Analgesia Technique Consent Documented | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Correct Procedure Verified                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Anticoagulants/Antiplatelet Agents			Lab results (if indicated)			
PATIENT IS TAKING / HAS TAKEN	DATE/TIME LAST TAKEN		RESULTS	DATE	TIME	
1. Clopidogrel <input type="checkbox"/> Yes <input type="checkbox"/> No		PT				
2. Enoxaparin <input type="checkbox"/> Yes <input type="checkbox"/> No		PTT				
3. Warfarin <input type="checkbox"/> Yes <input type="checkbox"/> No		INR				
4.		PLT				
Physician (print name):			Verified With (signature):			

**PROCEDURE:**

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**Indication(s):** ☐ Refractory to pain meds ☐ Post op analgesia ☐ Surgical Anesthesia  
☐ Surgeon request ☐ Patient request ☐ Blood patch ☐ Other \_\_\_\_\_

**Patient position:** ☐ Sitting ☐ RLD ☐ LLD

**Prep:** ☐ Chlorhexidine ☐ Betadine ☐ Sterile drape **Approach:** ☐ Midline ☐ Paramedian

**Needle:** ☐ 17 ga Tuohy ☐ 18 ga Tuohy ☐ other \_\_\_\_\_

**Attempts:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ greater than 4 **Final Insertion Site:** \_\_\_\_\_ (ie T12-L1)

**Loss of resistance depth:** ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ other \_\_\_\_\_ cm

**Catheter depth at skin:** ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 cm ☐ other \_\_\_\_\_ cm

**Blood:** ☐ Yes ☐ No **CSF:** ☐ Yes ☐ No **Paresthesia:** ☐ Yes ☐ No

**Test Dose:** ☐ \_\_\_\_\_ mL 1.5% lidocaine ☐ 1:200,000 epinephrine ☐ other \_\_\_\_\_

**Test Dose results:** ☐ Negative ☐ Positive

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Attending Signature

\_\_\_\_\_  
Date/Time