Sample regional block nursing assessment worksheet

Beginning 3 hours after surgery or a procedure, assess the patient and complete the worksheet below at least every 4 hours for the first 24 hours. After 24 hours, assess the patient every 8 hours if no unexpected changes occur. Engage patients in their care by teaching them to monitor skin color, mobility, and sensation changes. Instruct them to notify the care team immediately of any changes or concerns. If a patient exhibits a hematoma, Horner syndrome, or decreased diaphragmatic function, reassess hourly. Use of dexmedetomidine may require more frequent heart rate and blood pressure monitoring depending on the patient's status and your organization's guidelines.

Assessment	Sample entry
Block type Admission time	Interscalene on right side Interscalene on right side
Admission time	Interscalene on right side9:30 AM
Current time	• 1:30 PM
Vital signs	Blood pressure: 120/80 mmHg
	 Heart rate: 80 beats per minute
	 Respiration rate: 18 breaths per minute
	 Temperature 98.7° F (37° C)
	No pain
	 Oxygen saturation 98% on room air
Motor function	Right upper extremity 0/5
Sensory function	Right upper extremity feels completely numb
Peripheral pulses	• 2+ right radial pulse
Capillary refill	• < 2 seconds
Skin temperature	Warm, dry
Hematoma present	• No
Additional findings	Mild hoarseness