Nerve block follow-up audit

Telephone follow-up after peripheral nerve block: block duration, rebound pain and neurological symptoms.

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NORTHWEST REGIONAL ANAESTHESIA ALLIANCE

CASE

Audit no. _____ Date _____ Age _____ **Sex** ☐ F ☐ M **ASA** ☐ 1 ☐ 2 ☐ 3 ☐ 4 Weight (kg) _____ Height (cm) _____

Operation _____ Block(s) and side _____ Drug, % and volume (mL) _____

Guidance ☐ Ultrasound ☐ Ultrasound + nerve stimulator ☐ Landmark

Awake or sedated for block ☐ Awake ☐ Sedated ☐ Under general anaesthetic **Paraesthesia or pain on injection** ☐ No ☐ Yes

Additives ☐ None ☐ Dexamethasone IV ☐ Dexamethasone perineural ☐ Other

DAY 1 OR 2 CALL

Date and time of call _____ Hours since block _____ **Reached** ☐ Yes ☐ No, 2 attempts

Has the numbness gone completely? ☐ Yes ☐ No Hours it lasted _____ **Has full strength returned?** ☐ Yes ☐ No

Worst pain since the block wore off (0-10) _____ **Rebound pain** ☐ Yes ☐ No **Took regular painkillers as advised** ☐ Yes ☐ No

Injury to the numb limb ☐ No ☐ Yes

Problems at the injection site ☐ None ☐ Bruising ☐ Pain ☐ Redness or swelling

Breathlessness or hoarse voice ☐ No ☐ Yes Satisfaction (0-10) _____

IF NUMBNESS, TINGLING, PAIN OR WEAKNESS PERSISTS

	Where (draw or describe)	Getting better?	Affects function?
Numbness			
Tingling or burning pain			
Weakness			

Pattern fits ☐ The blocked nerve ☐ The surgical site or tourniquet ☐ Positioning ☐ Unclear

ACTION

☐ Reassured, call again in 1 week ☐ Clinic review by anaesthetist ☐ Urgent review today ☐ Surgeon informed ☐ Neurology or nerve conduction studies requested

Reviewed by _____ Date _____ Outcome _____

LATER FOLLOW-UP

	Date	Symptoms	Action
1 week			
6 weeks			
3 months			

Nerve block follow-up audit: notes and standards

How to use the sheet, suggested standards and references.

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HOW TO USE THIS SHEET

- Call every patient who went home with a working block on day 1 or 2. Two attempts count as complete.
- Persisting symptoms beyond the expected duration of the block need a named anaesthetist to review, examine and document. Do not close the sheet until the symptoms have resolved or a diagnosis is made.
- Urgent same-day review: complete or progressive motor loss, severe unexplained pain, or signs of infection or haematoma.

SUGGESTED STANDARDS (SET LOCALLY)

Standard	Target
Follow-up call completed	90% or more
Written block aftercare advice given before discharge	100%
Persisting neurological symptoms reviewed by an anaesthetist	100%
Symptoms followed until resolution or diagnosis	100%
Rebound pain rate	Report

BACKGROUND

- Most neurological symptoms after peripheral nerve block are sensory and resolve within weeks to months; the surgery, tourniquet and positioning are common causes and should be considered alongside the block.[1]
- Rebound pain affected about half of day-case patients in one cohort and was less common when intravenous dexamethasone had been given.[2]
- Neurological complication rates are among the commonest published quality indicators for regional anaesthesia.[3]

REFERENCES

1. Neal JM, Barrington MJ, Brull R, et al. The second ASRA practice advisory on neurologic complications associated with regional anesthesia and pain medicine: executive summary 2015. Reg Anesth Pain Med 2015; 40: 401-30. https://doi.org/10.1097/AAP.0000000000000286
2. Barry GS, Bailey JG, Sardinha J, et al. Factors associated with rebound pain after peripheral nerve block for ambulatory surgery. Br J Anaesth 2021; 126: 862-71. https://doi.org/10.1016/j.bja.2020.10.035
3. Hamilton GM, MacMillan Y, Benson P, et al. Regional anaesthesia quality indicators for adult patients undergoing non-cardiac surgery: a systematic review. Anaesthesia 2021; 76 (Suppl 1): 89-99. https://doi.org/10.1111/anae.15311