**Shoulder Diagnostic Block**

**Patient Name:**

**MRN:**

**DOB:**

**Pre-operative Diagnosis:** Osteoarthritis. Chronic Shoulder pain

**Procedure:** (Field #1, “side”) Diagnostic nerve blocks of:

1. Suprascapular nerve
2. Axillary nerve
3. Lateral-pectoral nerve

**Medication:** 1 ml of 0.5% Bupivacaine at each injection site.

**Sedation:** (Field #2)

**Complications:** (Field #3)

**Procedure in detail:** After a thorough review of the patient’s pertinent medical and surgical history, risks and benefits of shoulder diagnostic nerve block were explained to the patient including but not limited to bleeding, infection, medication reaction, failure of the procedure, the need to repeat the procedure, and the remote possibility of increased pain symptoms. Expected results of the procedure were explained and informed consent was obtained.

1. **Suprascapular.** Patient was brought into the procedure room and placed in the supine position. Skin was prepped and draped with Chlorhexidine and Lidocaine 1% was used for skin wheel over the top of the target destinations. For the first injection the suprascapular nerve was approached in a trajectory view with the C-arm positioned 20 degrees oblique to the sort outside of interest and a 15 degree caudal tilt. The glenoid fossa was visualized and the needle was placed on the posterior osseus rim of the glenoid fossa lateral to the sphenoid glenoid notch with careful attention not to enter into the joint. After negative aspiration Marcaine 0.5% 1 mL was injected and the needle was withdrawn.

2. **Axillary.** Lidocaine 1% skin wheel was then placed over the destination for the axillary nerve. The greater tubercle was visualized and the needle was introduced. A 22 gauge spinal needle was introduced below the most inferior and lateral border of the greater tubercle. After negative aspiration 1 mL of 0.5% Marcaine was injected. The needle was then redirected more caudally below the tubercle onto where the tubercle and the shaft meet and another 1 mL of 0.5% Marcaine was injected. The needle was withdrawn, and Band-aides were applied for a dressing.

3. **Lateral – Pectoral.** Patient was then repositioned into the prone position. The left hand was pronated. The C-arm was obliqued to 15 degrees towards the side of interest and we also had a 15 degree cephalic tilt to elongate the coracoid process. At this point a 22 gauge 3-1/2 inch spinal needle was advanced to the midpoint of coracoid process. After negative aspiration 0.5% Marcaine 1 mL was injected and the needle was withdrawn. A band-aide was applied for a dressing and patient was discharged from the hospital with followup instructions.

The patient tolerated the procedure very well without any complications. Discharge instruction were given and the patient was released from the hospital. The patient was instructed in the use of a 24 hour pain diary. Telephone follow-up will occur within 24 hours to assess the outcome of the diagnostic injections and to make further treatment recommendations

**Pre-procedure pain score:** (Field #4)

**Post-procedure pain score:** (Field #5)