

Patient Name: _____ DOB _____ Age _____ Date _____

PERI-OPERATIVE CONCIOUS SEDATION

Medical Assistant – Certified observing: _____ Time _____ Minutes

Pulse Oximetry Average PaO2 _____ % | Oxygen _____ % | Nitrogen _____ % | Flow _____ Liter/Min

15 Minute Vitals: BP: _____ / _____ P: _____ RR: _____ | 30 Minute Vitals: BP: _____ / _____ P: _____ RR: _____

45 Minute Vitals: BP: _____ / _____ P: _____ RR: _____ | _____ Minute Vitals: BP: _____ / _____ P: _____ RR: _____

DIAGNOSES: R10.2 AnoRectal Pain F40.9 Phobia

POST-PROCEDURE

PUDENDAL NERVE BLOCK FOR POST-OPERATIVE ANALGESIA

Medical Assistant – Certified observing: _____

The purpose and indication for the regional anesthesia of the pudendal nerve, is for postoperative analgesia.

Modifier -59 is required to distinguish the nerve block from the intraoperative anesthesia.

This regional block is as separate from routine postoperative pain management, which consists merely of daily PO narcotic analgesia.

The time spent on perioperative placement of the block is separate from, and was not included in any reported anesthesia time.

PROCEDURE NOTE: Using a transcutaneous perineal approach, the ischial tuberosity is palpated and a 25 gage needle was introduced slightly medial to the tuberosity. The needle is advanced approximately 2.5 cm. Aspiration was performed to ensure that the needle is not in a blood vessel and then the anesthetic is injected. The needle is withdrawn and directed into the deep superficial tissue of the anus and anesthetic is again injected to block the perineal, inferior rectal, ilioinguinal, and genitofemoral components of the pudendal nerve. → This was repeated on the opposite side.

During the injection procedure, this patient was monitored with pulse oximetry, pulse rate, and blood pressure, by other qualified trained observer(s) in the operating room. The motor response during the injection was negligible, unless otherwise stated below:

Drug Used:

Bupivacaine & Adrenaline Injection B.P. 0.25% w/ 1 in 200,000, 5ml 10ml 15ml 20ml

Exparel 1 Unit, 266mg, 20ml, (C9290)

Amount of drug not administered, wasted:

Post Procedure Vital Signs: BP: _____ P: _____ RR: _____ PaO2: _____ %

DIAGNOSES: G89.18 Acute Post Procedural Pain G89.28 Chronic Post Procedural Pain

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Diplomate American Osteopathic Board of Proctology, Rick Shacket, DO, MD(H) _____

Patient Name: _____ DOB _____ Age _____ Date _____

Nitrous Oxide:

Nitrous oxide is an inhaled gas commonly referred to as “laughing gas”, in that sometimes it can make patients feel happy, carefree, relaxed, weightless and even like laughing. Nitrous oxide provides relaxation and reduces anxiety which is inherent in medical procedures. Also, it counteracts anxiety producing chemicals (e.g., epinephrine) found in a majority of local anesthetics. Nitrous oxide is not supposed to put you to sleep, although some may fall asleep, some may even experience amnesia. The point is to relax you, and for you to still feel conscious so you can give us feedback on your level of anxiety.

Nitrous oxide works rapidly, and can relax a patient within 3 minutes. It is eliminated from the body about as quickly. Unlike other forms of sedation, you are perfectly safe to drive after using nitrous oxide.

Consent for Treatment & Assignment of benefits:

I am requesting conscious sedation for my surgical or endoscopic procedure, because I have a persistent, abnormal, and irrational phobia or fear of this specific thing that compels one to avoid it, despite the awareness and reassurance that it is not dangerous (phobia unspecified 300.20). I consent for the use of nitrous oxide (inhalation anesthesia) and other anesthetic agents as determined appropriate by my medical providers.

Surgery may be performed during your exam if necessary, if it applies to your condition, including: local anesthesia, anoscopy, incision/excision and drainage, abscess, prolapse, stenosis, hemorrhoids, fissures, injections, and removal of lesion(s).

I hereby authorize my medical providers below to bill insurance for the services provided, and to receive payment from my insurance company. I understand that if payment is made directly to the insured, I am to forward it to the provider checked below, or be legally liable for all costs associated with the collection of this debt:

Dr Rick Shacket PLLC

Other: _____

This consent reaffirms that I understand the risks associated with medical procedures and have had the opportunity to ask any questions. I read and have had the opportunity to read again: the “Informed consent for surgical procedures” form which I signed that is a part of my initial patient registration package.

Patient Signature: _____ Date: _____

Witness: _____