

Date:

Study protocoll: Prehospital peripheral nerve blocks (PNB)

Patient data:

Phone:

Initials:	Sex:	Age:
ASA:	Weight:	Height:
Trauma:	Open / closed fracture: Dislocated injury and reduction required (yes/no):	Pain according to NRS (1-10) before analgesic approach: Reposition (easy / intermediate / impossible):

Group 1: regional anesthesia, PNB

Puncture site:		Local anesthetic:	
Time till onset of action:		Effect A/B/C:	
Sensitivity		Dose of s-ketamine / fentanyl (by previous acting EP):	
Motor function		Dose of midazolam (by previous acting EP):	

Group 2: analgosedation:

Drug doses were documented in the medical record of the trial emergency physician

Both groups:

Process times according to the medical record of the trial emergency physician

Vital parameter:

	initial	post analgesic approach	minimal	maximal
Heart rate:				
Blood pressure:				
SpO ₂ :				

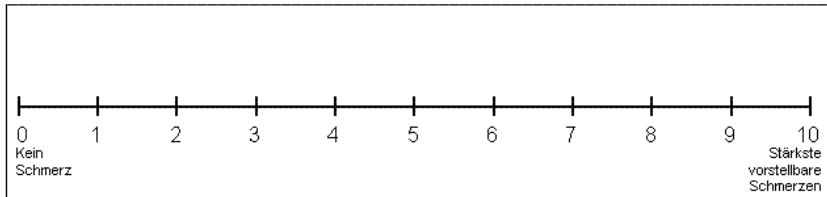
Interview, on second day post-intervention

1. Pain during during the prehospital medical intervention

1.1 Did you feel pain during the prehospital medical intervention?

Yes No

1.1.1 If so, please indicate pain severity? (Select pain severity, whereat value ,0' corresponds to no pain and value ,10' corresponds to means worst pain imaginable)



2. Pain post-intervention

2.1 Have you taken analgesics after the prehospital medical intervention?

Yes No

2.1.1 If so, which analgesics have you taken at which day post-intervention?

- Ibuprofen Day of accident 1. day post-intervention 2. day post-intervention

Which daily intake? Day of accident ___ 1. day post-intervention ___ 2. day post-intervention ___

- Oxycodone/naloxone Day of accident 1. day post-intervention 2. day post-intervention

Which daily intake? Day of accident ___ 1. day post-intervention ___ 2. day post-intervention ___

- Other Day of accident 1. day post-intervention 2. day post-intervention

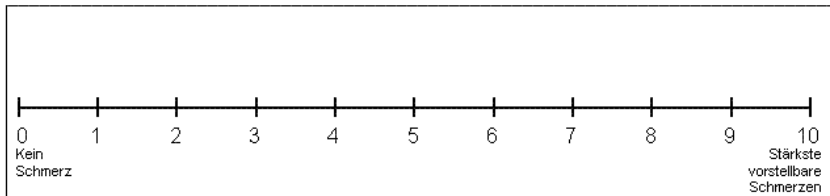
Which daily intake? Day of accident ___ 1. day post-intervention ___ 2. day post-intervention ___

These questions relate pain after prehospital medical intervention:

3.1 Did you have pain **immediatly after the prehospital medical intervention?**

Yes No

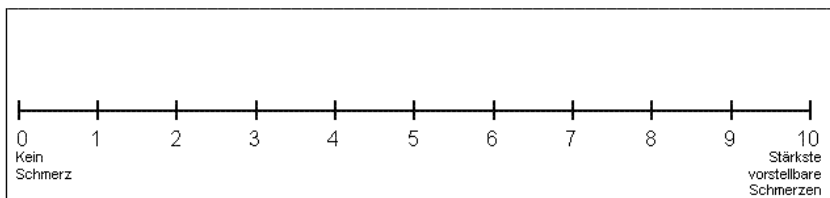
3.1.1 If so, please indicate pain severity? (Select pain severity, whereat value ,0' corresponds to no pain and value ,10' corresponds to means worst pain imaginable)



3.2 Did you have pain **on first day post-intervention?**

Yes No

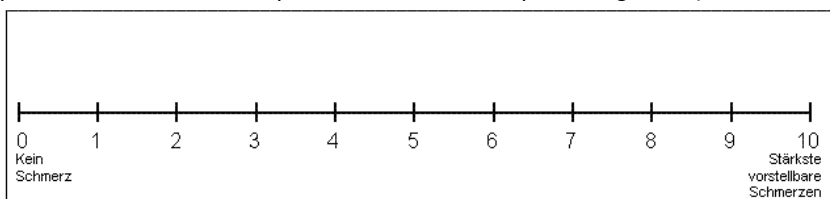
3.2.1 If so, please indicate pain severity? (Select pain severity, whereat value ,0' corresponds to no pain and value ,10' corresponds to means worst pain imaginable)



3.3 Did you have pain **on second day post-intervention?**

Yes No

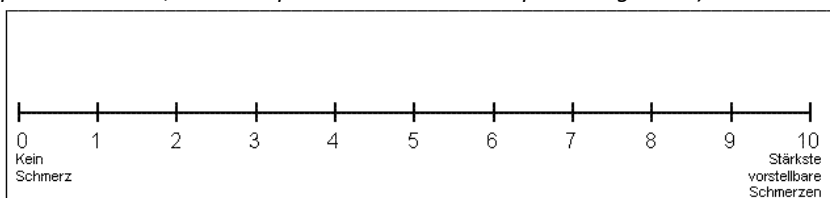
3.3.1 If so, please indicate pain severity? (Select pain severity, whereat value ,0' corresponds to no pain and value ,10' corresponds to means worst pain imaginable)



3.4 Did you have pain **during the prehospital medical intervention?**

Yes No

3.4.1 If so, please indicate pain severity? (Select pain severity, whereat value ,0' corresponds to no pain and value ,10' corresponds to means worst pain imaginable)



These questions relate complications after the prehospital medical intervention:

3.5 Did you experience any discomfort like tingling, deafness or paralysis of the injured limb from the first day after prehospital medical intervention?

Yes No

3.5.1 If so, how long did this discomfort last?

3.5.2 If so, which specific discomfort did you experience?

4. Satisfaction with the specific analgesic procedure

4.1 Were you satisfied with your specific analgesic procedure during the prehospital medical intervention?

(Likert scale of 1=very satisfied to 6=very unsatisfied)

Likert scale (1 - 6): __

4.2 Would you recommend your specific analgesic procedure?

Yes No

Thank you very much for your support!

Your responsible emergency physician