

Keeping a pain diary after a diagnostic nerve block injection

Pain Management

Information for Patients

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What is a diagnostic block procedure?

A nerve block injection, also called a pain receptor block injection, is an injection of anesthetic on or near the nerve/ pain receptor connected to a specific nerve or joint. It is a minimally invasive procedure that can temporarily relieve joint or nerve pain.

Nerve blocks are used to help control pain, but also offer diagnostic benefits by helping to identify if specific nerves contributes to the pain coming from the joint or painful area of the body. The procedure is used as a diagnostic test to determine if the pain is actually coming from the nerve or joint. The effects are temporary.

If you have temporary relief from the block, it can help predict how your pain may respond to long-term treatments like radio frequency.

Completing a pain diary

A pain diary helps us to understand your pain levels after your diagnostic block procedure. You will need to record your pain score on the scale provided for the first 24 hours after the procedure.

Please record your pain scores over the next 24 hours on the scale on the next page. Please send your completed pain diary to the Pain Management Department as soon as possible in the pre-paid envelope provided.

This diary will help us to plan further management of your pain. The Pain Management Team will give you a review appointment.

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Your pain scores

Please complete your pain scores below. Think only about the pain related to the reason for your injection.

Please circle the number which best describes that pain now that you have had your injection.

(0 is no pain, 10 is the worst pain)

Pain score **1 hour** after procedure:

1	2	3	4	5	6	7	8	9	10
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Pain score **2 hours** after procedure:

1	2	3	4	5	6	7	8	9	10
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Pain score **3 hours** after procedure:

1	2	3	4	5	6	7	8	9	10
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Pain score **4 hours** after procedure:

1	2	3	4	5	6	7	8	9	10
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Pain score **6 hours** after procedure:

1	2	3	4	5	6	7	8	9	10
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Pain score **12 hours** after procedure:

1	2	3	4	5	6	7	8	9	10
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Pain score **24 hours** after procedure:

1	2	3	4	5	6	7	8	9	10
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To be completed by consultant:

Patient Name: _____ Date: _____

Procedure: _____

Consultant: _____

LA	mls/level
L-Bupivacaine 0.25%	
L-Bupivacaine 0.5%	
Lignocaine 1%	
Lignocaine 2%	

Steroids: Y / N

Dexamethasone: 3.3mg / 6.6mg

Depomedrone: 40mg / 80mg

For administration team only:**Consultant opinion**

Proceed to radio frequency (RF): Y / N

Book for outpatient follow-up appointment: Y / N

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

જે તુમીં ઈચ જાહવાતી વિમે હેર ઝામ્મા વિચિ ચાહુંદે હે, ઝાં વિરખા વરવે હેઠાં ડિંઝે ગાષ્ટે નંબર '૩૯ ટૈલીફોન વરે।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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