

Needle Guidance		
Aseptic technique	The user performs a hand decontamination process and puts on sterile gloves.	
	The user decontaminates the skin over the block area with an appropriate antiseptic solution.	
	The user covers the probe with a sterile probe cover.	
	The user prepares the block needle and local anaesthetic injectate in a sterile fashion.	
Needle to nerve guidance	The user repeats the scout scan (1.1-1.3 above) within the context of aseptic technique.	
	The user reconfirms the sono-anatomy, needle insertion point and desired needle path.	
	The user places the needle through the skin at a point directly adjacent to the lateral edge of the probe and directly under the centre of the long axis of the probe.	
	The user advances the needle slowly until the needle tip is visible on the ultrasound screen.	
	The user, in a freehand fashion, adjusts the needle approach angle to achieve the desired path to the femoral nerve.	
	The user advances the needle in a straight line toward the femoral nerve, directly under the probe, keeping the needle tip and shaft in view at all times.	
	The user advances the needle until the needle tip is in close proximity to the femoral nerve.	
Needle to nerve proximity	The user identifies the needle tip lying adjacent to the femoral nerve and stops advancing the needle.	
	The user questions the patient continuously to ascertain if the patient has experienced pain or paraesthesia during needle placement.	
	The user applies gentle pressure on the injection syringe to aspirate the needle tip, thereby excluding intravascular needle tip placement.	