BLOCK	STEPS	SIMULATED
Scout Scan		
Ultrasound machine	The ultrasound machine is appropriately positioned within the room to allow uninterrupted view of patient, ultrasound screen and patient monitor (Figure 2)	
	The ultrasound machine is turned on and the appropriate probe, scanning mode and scan parameters are selected:	
	1. On/Off button	
	2: B-Mode	
	3: Linear high frequency transducer	
	4: Scan depth 3 cm – 5 cm	
Probe orientation and preparation	The user picks up the ultrasound probe and correctly orientates both, probe and screen sidedness	
	The user applies ultrasound gel to the probe footprint	
Ultrasonography	The user places the ultrasound probe in the correct orientation on the appropriate anatomical area to obtain a cross sectional view of the relevant anatomy	
	The user carries out a PART manoeuvre (adjusts probe Pressure, Alignment, Rotation and Tilt) to optimise the image	
	The user correctly identifies the relevant vascular, muscular, fascial and neural sono-anatomy visible on the ultrasound screen	
	The user identifies the anatomy, needle insertion point and desired needle path that is necessary to perform ultrasound-guided femoral block	

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	

Injection		
Local anaesthesia	The user injects a small bolus of local anaesthetic and observes the spread of local anaesthetic around the nerve	
	If the spread is satisfactory, the needle is again aspirated and the preselected amount of local anaesthetic is injected	
	If the initial spread is unsatisfactory, the needle is repositioned and Step 'Needle to nerve proximity' is repeated	
Conformance	Once the desired amount of local anaesthetic has been injected and the spread of local anaesthetic has been identified as satisfactory, the needle is removed and the adequacy of the block can be assessed	
	The patient is continuously monitored for symptoms and signs of local anaesthetic systemic toxicity	