

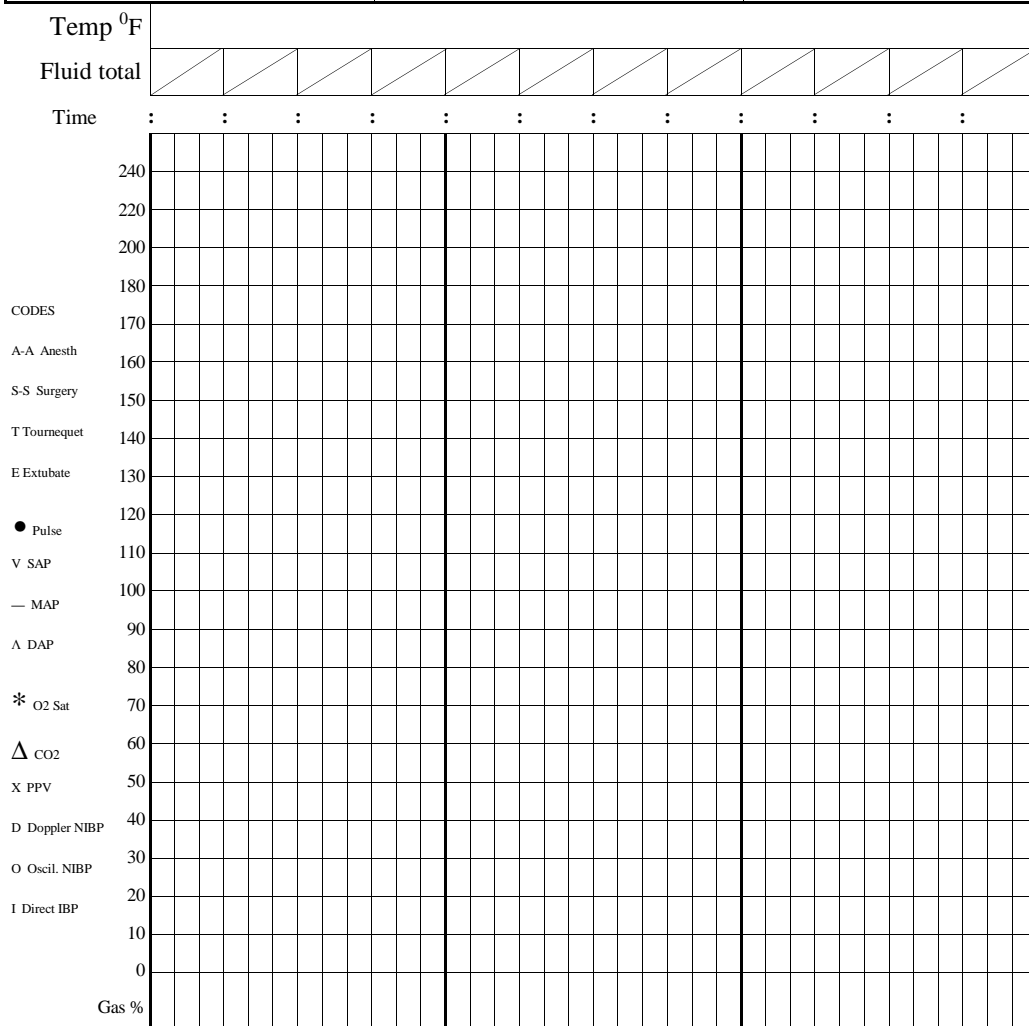
Please X all meds when given

# Anesthesia Record

Date \_\_\_\_\_

E Sheet Printed? Yes No

Client		Surgeon	Anesthesia Technicians	Procedures
Animal				
Body Weight	Kg. Lbs.	MM Color/CRT/Pulse	Physical Status	Lab Tests – List pertinent abnormalities below
Species		Age/Sex	Mental Status	
Premed Drugs, Dose, Route, Time		Premed Effect		
Induction Agent	Amount Drawn Up	Route	Unused Amount	
Drug, Dose, Route, Time	Drug, Dose, Route, Time	Drug, Dose, Route, Time	Drug, Dose, Route, Time	
Inhalant use - Isoflurane / Sevoflurane / None	Inhalant System Adult Circle / Ped Circle / Bain W/Block	Reservoir Bag Size	ET Tube Size	
IV Catheter Size _____ Total # Used _____	IV Fluid Type	Total Fluids Given	Comments/Alerts	



Notes

Recovery Notes	T,P,R	MM,CRT	Post OP Meds/Dose/Route/Time
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