

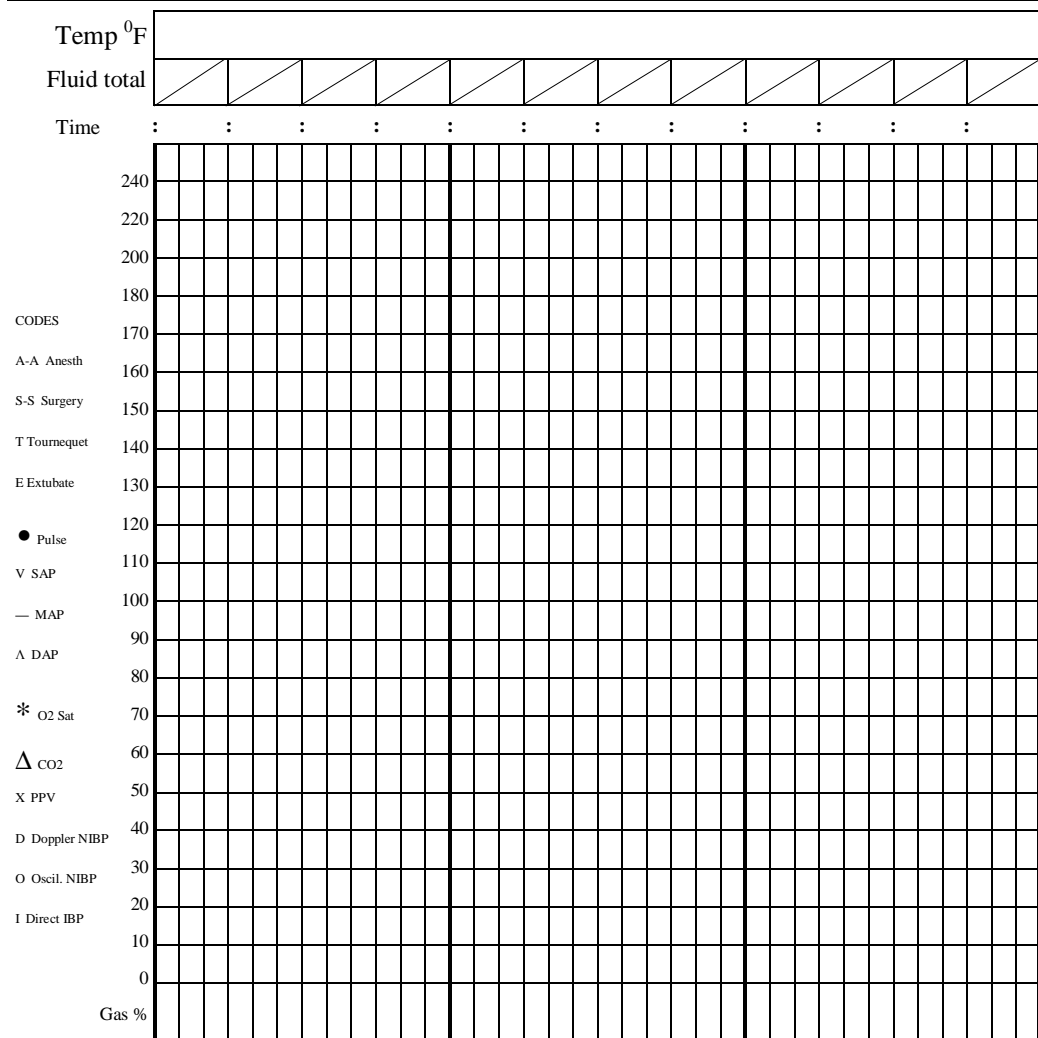
Please X all  
meds when given

# Anesthesia Record

Date \_\_\_\_\_

E Sheet Printed? Yes No

|  |   |  |  |
|--|---|--|--|
| Client   | Surgeon   | Anesthesia Technicians   | Procedures                                     |
| Animal   |   |  |  |
| Body Weight<br>Kg.<br>Lbs.                     | MM Color/CRT/Pulse  | Physical Status<br>E G F P C                                   |  |
| Species  | Age/Sex   | Mental Status  | Lab Tests – List pertinent abnormalities below |
| Premed Drugs, Dose, Route, Time                |   | Premed Effect - Ramsay Sedation Score<br>1 - 2 - 3 - 4 - 5 - 6 |  |
|  |   | Did patient vomit? YES NO                                      |  |
| 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<br>Adult Circle / Ped Circle / Bain W/Block | Reservoir Bag Size   | ET Tube Size                                   |
| IV Catheter Size _____<br>Total # Used _____   | IV Fluid Type   | Total Fluids Given   | Comments/Alerts                                |



Notes

|                |       |        |                                       |
|----------------|-------|--------|---------------------------------------|
| Recovery Notes | T,P,R | MM,CRT | Post OP Meds/Dose/Route/Time          |
|                |       |        | Pain/Sedation Score Complete By _____ |

**See Other Side To Complete Additional Supplies/Procedures Inventory**

| FLACC Scale                  |  |  |  |  |  | DATE/TIME  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Face</b>                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 0 - No particular expression   |  |  |  |  |  |  |
|                              |  |  |  |  |  | 1 - Occasional grimace, withdrawn, disinterested                               |  |  |  |  |  |  |
|                              |  |  |  |  |  | 2 - Frequent grimace, clenched jaw   |  |  |  |  |  |  |
| <b>Legs</b>                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 0 - Normal position or relaxed   |  |  |  |  |  |  |
|                              |  |  |  |  |  | 1 - Uneasy, restless, tense  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 2 - Kicking, or legs drawn up  |  |  |  |  |  |  |
| <b>Activity</b>              |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 0 - Lying quietly, normal position, moves easily                               |  |  |  |  |  |  |
|                              |  |  |  |  |  | 1 - Squirming, shifting back and forth, tense                                  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 2 - Arched, rigid or jerking   |  |  |  |  |  |  |
| <b>Cry</b>                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 0 - No cry, whine(awake or asleep)   |  |  |  |  |  |  |
|                              |  |  |  |  |  | 1 - Moans or whimpers; occasional yipe   |  |  |  |  |  |  |
|                              |  |  |  |  |  | 2 - Crying steadily, screams, frequent yipes                                   |  |  |  |  |  |  |
| <b>Consolability/Stress</b>  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 0 - Content, relaxed   |  |  |  |  |  |  |
|                              |  |  |  |  |  | 1 - Reassured by occasional touching, hugging or being talked to, distractible |  |  |  |  |  |  |
|                              |  |  |  |  |  | 2 - Difficult to console or comfort  |  |  |  |  |  |  |
| <b>TOTAL SCORE</b>           |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>RAMSAY SEDATION SCALE</b> |  |  |  |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 1 - Patient anxious, agitated, restless  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 2 - Patient cooperative, oriented, tranquil                                    |  |  |  |  |  |  |
|                              |  |  |  |  |  | 3 - Patient responds to commands only  |  |  |  |  |  |  |
|                              |  |  |  |  |  | 4 - Brisk response to light gabelar tap or auditory stimulus                   |  |  |  |  |  |  |
|                              |  |  |  |  |  | 5 - Sluggish response to light gabelar tap or auditory stimulus                |  |  |  |  |  |  |
|                              |  |  |  |  |  | 6 - No response to the stimulus mentioned in items 4 and 5                     |  |  |  |  |  |  |