

Please X all
meds when given

Anesthesia Record

Date _____

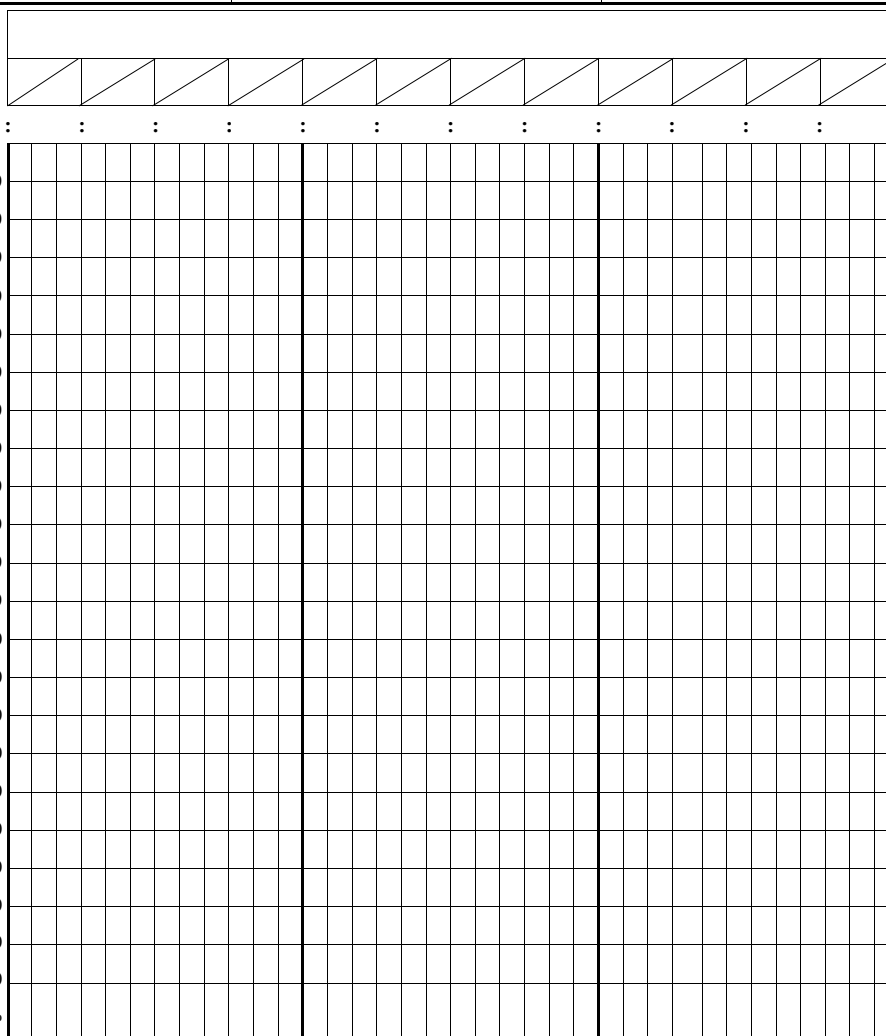
E Sheet Printed? Yes No

Client	Surgeon	Anesthesia Technicians	Procedures/Plans
Animal			
Body Wt Kgs/Lbs.	<input type="checkbox"/> Preanesthetic screen _____ MM Color _____ CRT _____ sec	Chest auscultation NORMAL ABNORMAL Pulse _____ bpm Pulse deficits? YES NO	
Species	Age/Sex	Mental Status	Physical Status E G F P C
Premed Drugs, Dose, Route, Time		Premed Effect - Ramsay Sedation Score 1 - 2 - 3 - 4 - 5 - 6 Did patient vomit? YES NO	Lab Tests - List pertinent abnormalities below
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

Temp °F/C

Fluid total

Time



Notes

Recovery Notes	T,P,R	MM,CRT	Post OP Meds/Dose/Route/Time
			Pain/Sedation Scores Completed By _____

See Other Side For Pain and Sedation Scales

