SURGERY AND ANESTHETIC RECORD (Injectable or Inhalation Anesthesia > 30 minutes duration)

Animal ID: **\_\_\_\_\_\_\_**  Species: **\_\_\_\_\_\_\_\_\_** Weight: **\_\_\_\_\_\_**(kg/lb) Sex: **\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_**

Procedure: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Surgeon: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Anesthetist: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Investigator **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Protocol #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Asst or Tech: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Start time: \_\_\_\_\_\_\_\_\_\_\_\_ am/pm End time: \_\_\_\_\_\_\_\_\_\_\_\_ am/pm

# Pre–Anesthetics and Analgesics/Non-Inhalation Anesthetics Fluids Type & Route: \_\_\_\_\_\_\_\_\_\_

DrugDose\* Route Time **Anesthetic gas type: \_\_\_\_\_\_\_\_\_\_\_**  **\_\_** **\_\_\_\_\_\_** **\_\_\_\_\_\_ \_\_\_\_\_\_**

**\_\_**  **\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

**\_\_** **\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

# \*Total mg or mg/kg Returned to cage: \_\_\_\_\_\_ \_am/pm

**Post-Op Analgesics and Medications/Reversal Agents**

DrugDose\* Route Time

🗖 **\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_ \_\_\_\_\_\_** **\_\_\_\_\_\_**

🗖 **\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_** **\_\_\_\_\_\_ \_\_\_\_\_\_**

# \*Total mg or mg/kg

# Anesthesia Maintenance (record every 10 to 15 minutes) Fill in where applicable; modify as appropriate.

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| Time | **♥ Rate** | **Temp.** | **Respiration** | **Gas%** | **O2/L** | **Color** | **Fluids-ml** | **Other** |
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# Anesthesia Maintenance (record every 10 to 15 minutes) Fill in where applicable; modify as appropriate.

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| Time | **♥ Rate** | **Temp.** | **Respiration** | **Gas%** | **O2/L** | **Color** | **Fluids-ml** | **Other** |
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**Description of Operative Procedure and Day of Surgery Notes:**

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| **Use additional sheet(s) as necessary** |

### Post-Op Recovery

#### \* Record information every 10-15 minutes until fully recovered (Animal should be sternal or standing, holding head up, ambulating,

#### and responsive to stimulation before returning to housing)

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| Time | **Respiration** | **Color** | **Sedation\*** | **Comments/Additional Observations** | **Initials** |
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**\*Sedation Level:**

**1 = Alert, responsive, moving around 3 = Eyes open, responsive, groggy**

**2 = Alert, responsive, not active 4 = Eyes closed, nonresponsive, heavily sedated**

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| Time | **Respiration** | **Color** | **Sedation\*** | **Comments/Additional Observations** | **Initials** |
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**\*Sedation Level:**

**1 = Alert, responsive, moving around 3 = Eyes open, responsive, groggy**

**2 = Alert, responsive, not active 4 = Eyes closed, nonresponsive, heavily sedated**

**\*Records of surgery and anesthetic procedures are to be retained by the PI and available for AV or IACUC**

**review**