|  |  |  |  |
| --- | --- | --- | --- |
| **Survival Surgical and Anesthetic Record** |  | University of Arizona  |  |
| **Basic Info** | **Personnel** |
| Date: | Surgeon: |
| Animal #: | Asst. Surgeon: |
| Species: | Anesthetist: |
| PI/Protocol #: | Asst: |
| **Procedure(s):** |
| **Preoperative Exam and Patient Preparation** |
| **Physical condition of animal** (ie: describe abnormalities and signs of injury, illness, lack of appetite, diarrhea, etc. |
|  |
|  |
| **Baseline Values** | **Preoperative Checklist** | **Times** |
| Wt (kg): | Hair/fur removed: | Surgery Start time: |
| Temp: | Surgical scrub: | Surgery end time: |
|  | Ointment placed in eyes: |  Sternal time: |
|  | Supplemental heat supplied: |  Time returned to cage: |
| **PEROPERATIVE TREATMENTS AND MONITORING** |
| **Time** | **Drug** | **Dose (mg/kg)** | **Dose (ml or other)** | **Route** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The following parameters, or, at a minimum, as described in the approved IACUC protocol, must be recorded every 15 minutes from administration of the pre-anesthetic, throughout surgery, and continued until animal is recovered from the anesthesia.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **% An.****Gas** | **Flow rate (L)** | **HR** | **RR** | **O2Sat** | **Muc. mem** | **Anes. level** | **MAP** | **Fluids** | **Comments** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Post-Surgical Monitoring and Care Record

For assistance, contact Veterinary Services @ UAC-VeterinaryServices@email.arizona.edu

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator: | IACUC Protocol #: | Species: | Animal ID #: |
| Contact Name: | Phone #: | After hours #: | Procedure Date: |
| Surgical Procedure: |
| Post-op monitoring and care plan: (freq. of monitoring & drug tx, including dose, route, and volume) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date/****Time:** | **General Observations**: Appetite, responsiveness, ability to move,hydration, etc: | **Physical Observations:** | **Assessment of pain and discomfort:** | **Appearance of incision:** | **Treatments:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note when suture material is removed if applicable

If necessary, continue with additional pages.