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| **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. | | | | | | | |
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| **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** |
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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.

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| **Time** | **% An.**  **Gas** | **Flow rate (L)** | **HR** | **RR** | **O2Sat** | **Muc. mem** | **Anes. level** | **MAP** | **Fluids** | **Comments** |
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Post-Surgical Monitoring and Care Record

For assistance, contact Veterinary Services @ [UAC-VeterinaryServices@email.arizona.edu](mailto:UAC-VeterinaryServices@email.arizona.edu)

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| --- | --- | --- | --- |
| 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) | | | |

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| **Date/**  **Time:** | **General Observations**: Appetite, responsiveness, ability to move,  hydration, etc: | **Physical Observations:** | **Assessment of pain and discomfort:** | **Appearance of incision:** | **Treatments:** |
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Note when suture material is removed if applicable

If necessary, continue with additional pages.