Surgery and Anesthesia Form for Survival and Non-Survival Surgeries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Surgeon** | **Anesthesiologist** | **Assistant/Technician** | **Investigator** | **Protocol #** |
|  |  |  |  |  |  |

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| --- | --- | --- |
| Building Name | Room # | Survival/Non-Survival |
|  |  | 🞏 Yes 🞏 No |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Animal ID** |  **Species** |  **Weight (grams)/Temp** |  **Pre-Surgical Assessment**  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Anesthesia Start Time | Anesthesia Stop Time | Time Sternal Recumbency | Time animal PTS (non-survival surgeries only) |
|  |  |  |  |
| Surgery Start Time | Surgery Stop Time | Time Returned to Cage |
|  |  |  |

Description of Surgical Procedure:

Preoperative Anesthetics, Analgesics, and Antibiotics:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug** | **Lot #** | **Expiration** | **Dose** | **Volume** | **R.O.A.\*** | **Time** | **Initials** |
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|  **Anesthetic** |  **Ventilator** |  **Ophthalmic Ointment** |  **Fur/Hair Removed** |  **Surgical Scrub**  | **Initials** |
|  | ☐  |  ☐  |  ☐  |  ☐  |  |

Intraoperative Monitoring (record every 15 minutes):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **RR** | **HR** | **Anesthetic Gas (%)** | **O2/L** | **Color** | **Pain/Distress****(toe pinch)** | **Initials** |
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Additional Anesthesia and Surgical Notes:

This Section ONLY Applies to Survival Surgical Procedures.

Postoperative Recovery (Record information every 15 minutes until fully recovered. Animal should be sternal or standing, holding head up, and responsive to stimulation.):

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **RR** | **HR** | **Temp** | **Color** | **Sedation\*** | **Pain/Distress** | **Initials** |
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Postoperative Anesthetics, Analgesics, and Antibiotics:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug** | **Lot #** | **Expiration** | **Dose** | **Volume** | **R.O.A.\*** | **Time** | **Date** | **Initials** |
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Additional Postoperative Notes (include adverse events, date of occurrence, date reported, and UAC Staff contacted):

Postoperative Suture/Staple Removal:

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| --- | --- | --- |
| **Date of Removal** | **Incision Notes** | **Initials** |
|  |  |  |

\*R.O.A = Route of Administration; Sedation Level: 1 = Alert, Responsive, Prone, and Active; 2 = Alert, Responsive, Not Active; 3 = Eyes Open, Responsive, Groggy; 4 = Eyes Closed, Non-Responsive, Heavily Sedated; N = Normal