Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgeon/Assistant (Initials): \_\_\_\_\_\_/\_\_\_\_\_\_

Animal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Survival Surgery:  Yes  No Building and Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Pre-Operative Assessment** | |
| **Weight (grams):** | **Pre-Operative drugs (Analgesia)** |
| **Temperature:** | **Drug(s):** |
| **HH (pulse):** | **Dose mg/kg (mL):** |
| **RR (Respiration):** | **Route:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Anesthesia** | | | | | | |
| **Drug/Inhalant** | **Dose (% or mg/kg) (mL) /Route** | **Duration of Anesthesia and Surgery:** | | | | |
|  |  | **ANESTHESIA**  **(Start Time)** | **ANESTHESIA**  **(Stop Time)** | **First incision (Time)** | **Skin closure (Time)** | **PTS for non-survival (Time)** |
|  |  |  |  |  |

Completed surgical scrub?  Hair/fur removed?  Instruments properly sterilized?

Ophthalmic ointment applied?  Drugs/fluids/sutures not expired  Thermoregulatory support provided

|  |  |
| --- | --- |
| **Surgical Procedures and Intra-Operative Monitoring** | |
| **Description of**  **procedures:** |  |
| **Anesthesia monitoring**  **(every 15 minutes):** | ECG BPM SPO2 Temperature Resp/min |
| **Intraoperative Drugs**  **(name, dose, route, time)** |  |
| **Assessment of**  **pain/distress:** | Toe withdrawal reflex (pre-op)  Toe withdrawal (intra-op)  Heart and respiratory rate monitoring  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **iMEDITATE Post-Operative Monitoring** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Time**  **(every 15 minutes):** | **RR** | **HR** | **Mucous Membrane Color** | **Pain/Distress**  **(toes pinch, etc)** | **Sternal and returned to cage** | **Date/Initials** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   Any adverse surgical outcomes to report to UAC veterinary staff/IACUC? Yes ☐ No ☐ |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-Op Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol #/PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-Op Monitoring**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date & time: | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** |
|  |  |  |  |  |  |  |

**External Observations**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Active and Alert? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Any Pain or Distress? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Rough coat? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Eye discharge? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Eating & Drinking? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Feces & Urine? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**Physical Exam**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Normal Breathing? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Normal Locomotion? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Diarrhea? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Dehydration | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Bony/Thin Appearance? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**Suture/Staple Site**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Incision Red/Swollen? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Open Wound? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Drainage? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

# 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Administered Drug** | **Day 1** | | **Day 2** | | **Day 3** | | **Day 4** | | **Day 5** | | **Day 6** | | **Day 7** | |
| Name  Dose(mg/kg)/Volume(mL)  Route | Date/Time | Given by: | Date/Time | Given by: | Date/Time | Given by: | Date/Time | Given by: | Date/Time | Given by: | Date/Time | Given by: | Date/Time | Given by: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Observations:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OTHER Observations: |  |  |  |  |  |  |  |
| **Observer Initials:** |  |  |  |  |  |  |  |

**Wound clips/suture removed Date/Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**