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# ANESTHETIC RECORD

PAGE of

DATE:	SURGEON:	ASSISTANT:		
PREANESTHETIC DIAGNOSIS:				
PROPOSED PROCEDURE:				
BODY WT: KG	TEMP:	PULSE:	RESP:	FASTED: Y N
PCV:	TPP:	BUN:	MM:	CRT:

Afix Patient Label Here

ASA STATUS 1 2 3 4 5 E	DRUGS WITHIN LAST 24 HRS:																																								
<table border="1"> <thead> <tr> <th colspan="4">PREANESTHETIC MEDICATION</th> <th colspan="4">ANESTHETIC INDUCTION</th> </tr> <tr> <th>DRUG</th> <th>DOSE(MG)</th> <th>ROUTE</th> <th>TIME</th> <th>DRUG</th> <th>DOSE(MG)</th> <th>ROUTE</th> <th>TIME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		PREANESTHETIC MEDICATION				ANESTHETIC INDUCTION				DRUG	DOSE(MG)	ROUTE	TIME	DRUG	DOSE(MG)	ROUTE	TIME																								
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DRUG	DOSE(MG)	ROUTE	TIME	DRUG	DOSE(MG)	ROUTE	TIME																																		

TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	1 5 3 0 4 5	1 5 3 0 4 5	1 5 3 0 4 5	1 5 3 0 4 5									
IV SOLUTION 1 TYPE:	/	/	/	/									
IV SOLUTION 2 TYPE:	/	/	/	/									
OXYGEN FLOW - O	8	7	6	5	4	3	2	1					
VAPORIZER SETTING - X	8	7	6	5	4	3	2	1					
AGENT:	8	7	6	5	4	3	2	1					
<input type="checkbox"/> ISOFLURANE	8	7	6	5	4	3	2	1					
<input type="checkbox"/> SEVOFLURANE	8	7	6	5	4	3	2	1					
<b>SYMBOLS</b>	8	7	6	5	4	3	2	1					
PULSE †	8	7	6	5	4	3	2	1					
RESP O	8	7	6	5	4	3	2	1					
BLOOD PRESSURE	8	7	6	5	4	3	2	1					
SYSTOLIC v	8	7	6	5	4	3	2	1					
MEAN x	8	7	6	5	4	3	2	1					
DIASTOLIC ^	8	7	6	5	4	3	2	1					
ET CO2 <input type="checkbox"/>	200	180	160	140	120	100	80	60	50	40	30	20	10
SP O2 <input type="checkbox"/>	200	180	160	140	120	100	80	60	50	40	30	20	10
<b>TIME</b>	200	180	160	140	120	100	80	60	50	40	30	20	10
START ANES	160	140	120	100	80	60	50	40	30	20	10		
START PROC	160	140	120	100	80	60	50	40	30	20	10		
END PROC	140	120	100	80	60	50	40	30	20	10			
END ANES	140	120	100	80	60	50	40	30	20	10			
EXTUBATION	120	100	80	60	50	40	30	20	10				
STERNAL	120	100	80	60	50	40	30	20	10				
STANDING	110	100	80	60	50	40	30	20	10				
<b>AIRWAY MAINTENANC</b>	110	100	80	60	50	40	30	20	10				
<input type="checkbox"/> MASK	100	80	60	50	40	30	20	10					
<input type="checkbox"/> INDUCTION	100	80	60	50	40	30	20	10					
<input type="checkbox"/> MAINTENANCE	100	80	60	50	40	30	20	10					
<input type="checkbox"/> TRACH	90	80	60	50	40	30	20	10					
<input type="checkbox"/> ET TUBE	80	60	50	40	30	20	10						
SIZE:	80	60	50	40	30	20	10						
TYPE:	70	60	50	40	30	20	10						
<b>SYSTEM</b>	60	50	40	30	20	10							
<input type="checkbox"/> CIRCLE	60	50	40	30	20	10							
<input type="checkbox"/> BAIN	50	40	30	20	10								
<input type="checkbox"/> MECH VENT	50	40	30	20	10								
<b>BODY POSITION</b>	40	30	20	10									
<input type="checkbox"/> RIGHT LATERAL	40	30	20	10									
<input type="checkbox"/> LEFT LATERAL	30	20	10										
<input type="checkbox"/> STERNAL	30	20	10										
<input type="checkbox"/> DORSAL	20	10											
<b>COMPLICATIONS</b>	10												
<input type="checkbox"/> DIFFICULT INTUBATION	10												
<input type="checkbox"/> APNEA / RESP. DEPR.	10												
<input type="checkbox"/> HYPOTHERMIA (<98°F)	10												
<input type="checkbox"/> HYPOTENSION (MAP<60)	10												
<input type="checkbox"/> SHOCK	10												
<input type="checkbox"/> CARDIAC DYSRHYTHMIAS	10												
<input type="checkbox"/> CARDIAC ARREST	10												
<input type="checkbox"/> EXCESSIVE HEMORRHAGE	10												
<input type="checkbox"/> PROLONGED RECOVERY	10												
(EXTUB > 30MIN AFTER END ANES)	10												
<input type="checkbox"/> EUTHANASIA	10												
<input type="checkbox"/> OTHER <input type="checkbox"/> NONE	10												

**REMARKS**

POST ANESTHESIA  
TEMP:

TOTAL FLUIDS:

ANESTHETIST:

NURSE ANESTHETIST: