

Patient # \_\_\_\_\_ Patient \_\_\_\_\_

Owner \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Date		Anesthetist					
Wt. _____ kg		Surgeon					
Procedures			Drug History				
1. _____			Pre Anesthetic Assessment				
2. _____							
3. _____							
ASA Status 1 2 3 4 5 E		Machine#	Circuit	ET Tube Size	Position	Sponge #	OK <input type="checkbox"/>
Other Labs				Anesthetic Complications			
Catheter: L/R F/H/J Multiple							

Oxygen (L/min)													
Maintenance: _____													
220													
200													
180													
160													
140													
120													
100													
80													
60													
50													
40													
30													
20													
10													
5													
0													
Fluid/CRIs													
Temp													
1. _____													
2. _____													
3. _____													
4. _____													
Time	FiO <sub>2</sub>	Ven/Art	pH	pCO <sub>2</sub>	pO <sub>2</sub>	HCO <sub>3</sub>	BE	Glu	Na <sup>+</sup>	K <sup>+</sup>	iCa <sup>++</sup>	Cl <sup>-</sup>	Lac

Notes:

**CODE:** • Pulse    Δ SpO<sub>2</sub>    □ CVP  
V Systolic BP    – Mean BP    Δ Diastolic BP  
\*CO<sub>2</sub>    o Spontaneous RR    x Controlled RR

ANESTHESIOLOGY/PAIN MANAGEMENT

Post-op  
T:  
P:  
R:

Total Fluids
Total Blood Loss
Recovery Eval
Record Checked