

| ANESTHESIA RECORD | | | | Procedure _____ | | | | START | STOP | | | | | | | | | | | | |
|---|--------------|---|------------------|---|--|---|--|---|------|------|------|-----------|----------|--|--|--|--|--|--|--|--|
| Date _____ | OR No. _____ | Page _____ of _____ | Surgeon(s) _____ | | | | | Anesthesia _____ | | | | | | | | | | | | | |
| | | | | | | | | Procedure _____ | | | | | | | | | | | | | |
| PRE-PROCEDURE | | MONITORS AND EQUIPMENT | | ANESTHETIC TECHNIQUE | | AIRWAY MANAGEMENT | | RECOVERY | | | | | | | | | | | | | |
| <input type="checkbox"/> Identified: <input type="checkbox"/> ID Band <input type="checkbox"/> Questioning <input type="checkbox"/> Chart Reviewed <input type="checkbox"/> Permit Signed <input type="checkbox"/> NPO Since _____ Pre-anesthetic State: <input type="checkbox"/> Calm <input type="checkbox"/> Awake <input type="checkbox"/> Asleep <input type="checkbox"/> Apprehensive <input type="checkbox"/> Confused <input type="checkbox"/> Uncooperative <input type="checkbox"/> Unresponsive | | <input type="checkbox"/> Steth: <input type="checkbox"/> Precord <input type="checkbox"/> Esoph <input type="checkbox"/> Other <input type="checkbox"/> Non-Invasive B/P: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Continuous EKG <input type="checkbox"/> V Lead EKG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Sensor <input type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Gas Analyzer <input type="checkbox"/> Temp. _____ <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> Warming Blanket <input type="checkbox"/> EEG <input type="checkbox"/> Doppler <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> NG / OG Tube <input type="checkbox"/> Foley Catheter <input type="checkbox"/> Art. Line _____ <input type="checkbox"/> CVP _____ <input type="checkbox"/> PA Line _____ <input type="checkbox"/> IV(s) _____ | | General: <input type="checkbox"/> Pre-Oxygenation <input type="checkbox"/> L.T.A. <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal Regional: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Axillary <input type="checkbox"/> Bier Block <input type="checkbox"/> Ankle Block <input type="checkbox"/> _____ <input type="checkbox"/> Position _____ <input type="checkbox"/> Prep _____ <input type="checkbox"/> Local _____ <input type="checkbox"/> Needle _____ <input type="checkbox"/> Drug(s) _____ <input type="checkbox"/> Dose _____ <input type="checkbox"/> Attempts x _____ <input type="checkbox"/> Site _____ <input type="checkbox"/> Level _____ <input type="checkbox"/> Catheter _____ <input type="checkbox"/> See Remarks Other: <input type="checkbox"/> M.A.C. <input type="checkbox"/> _____ | | Intubation: <input type="checkbox"/> Oral Tube size _____ <input type="checkbox"/> Stylet used <input type="checkbox"/> Nasal <input type="checkbox"/> Regular <input type="checkbox"/> Magill's <input type="checkbox"/> Direct <input type="checkbox"/> RAE <input type="checkbox"/> Fiber optic <input type="checkbox"/> Blind <input type="checkbox"/> Armored <input type="checkbox"/> Blade _____ <input type="checkbox"/> Laser <input type="checkbox"/> Secured at _____ cm Endobronch. <input type="checkbox"/> Attempts x _____ <input type="checkbox"/> ET CO ₂ present <input type="checkbox"/> Breath sounds _____ <input type="checkbox"/> Uncuffed, leaks at _____ cm H ₂ O <input type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> NS Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Difficult, Circuit: <input type="checkbox"/> Circle <input type="checkbox"/> NRB see Remarks <input type="checkbox"/> Mask Case <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Simple O ₂ mask | | Location _____ Time _____ B/P _____ O ₂ Sat. _____ P _____ R _____ T _____ <input type="checkbox"/> Awake <input type="checkbox"/> Stable <input type="checkbox"/> Nasal Oxygen <input type="checkbox"/> Drowsy <input type="checkbox"/> Unstable <input type="checkbox"/> Mask Oxygen <input type="checkbox"/> Somnolent <input type="checkbox"/> Intubated <input type="checkbox"/> T-piece Oxygen <input type="checkbox"/> Unarousable <input type="checkbox"/> Ventilator <input type="checkbox"/> Oral/nasal airway CONTROLLED DRUGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Drug</th> <th style="width: 10%;">Used</th> <th style="width: 10%;">Destroyed</th> <th style="width: 10%;">Returned</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Provider _____ Witness _____ | | Drug | Used | Destroyed | Returned | | | | | | | | |
| Drug | Used | Destroyed | Returned | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| TIME: | | | | | | | | | | | | | | | | | | | | | |

| AGENTS | Oxygen (L/min) | N ₂ O (L/min) | Air (%) | | | | | | | | | | | | | | | | | TOTALS | | | | | |
|---------------------|-----------------|--------------------------|---------------|------|-----|-----|-----|----|----|----|----|--|--|--|--|--|--|--|---|--------|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLUIDS | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONITORS | Urine (ml) | EBL (ml) | | | | | | | | | | | | | | | | | SYMBOLS | | | | | | |
| | | | | | | | | | | | | | | | | | | | X ANESTHESIA ⊙ OPERATION V B/P CUFF PRESSURE ^ ARTERIAL LINE PRESSURE ⊥ MEAN ARTERIAL PRESSURE ● PULSE ○ SPONTANEOUS RESP ⊗ ASSISTED RESP ⊠ CONTROLLED RESP T TOURNIQUET | | | | | | |
| VITAL SIGNS | Baseline Values | 200 | 180 | 160 | 140 | 120 | 100 | 80 | 60 | 40 | 20 | | | | | | | | | | | | | | |
| | B/P | | | | | | | | | | | | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | | | | | | | |
| VENT | Tidal Volume | Resp. Rate | Peak Pressure | PEEP | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Symbols for Remarks | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthesia Provider | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------------------------|---------|
| PATIENT IDENTIFICATION | REMARKS |
|------------------------|---------|