WEIGHT: _____

ALLERGIES: _____

ANESTHESIA RECORD

Procedure

Date | OR No. | Page of | Surgeon(s)

	START	STOP
Anesthesia		
Procedure		

PRE-PROCEDURE

☐ Identified: ☐ ID Band ☐ Questioning
☐ Chart Reviewed ☐ Permit Signed
☐ NPO Since _____

Pre-anesthetic State: ☐ Calm
☐ Awake ☐ Asleep
☐ Apprehensive ☐ Confused
☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY

☐ Anes. Machine # _____ Checked
☐ Safety Belt On ☐ Axillary Roll
☐ Armboard Restraints ☐ Arms Tucked
☐ Pressure points checked and padded
☐ **Eye Care:** ☐ Ointment ☐ Saline
☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT

☐ Steth: ☐ Precord ☐ Esoph ☐ Other
☐ Non-Invasive B/P: ☐ Left ☐ Right
☐ Continuous EKG ☐ V Lead EKG
☐ Pulse Oximeter ☐ Oxygen Sensor
☐ End Tidal CO_2 ☐ Gas Analyzer
☐ Temp. _____ ☐ Nerve Stimulator
☐ Warming Blanket ☐ EEG ☐ Doppler
☐ Airway Humidifier ☐ Fluid Warmer
☐ NG / OG Tube ☐ Foley Catheter
☐ Art.Line _____
☐ CVP _____
☐ PA Line _____
☐ IV(s) _____
☐ RASCAL

ANESTHETIC TECHNIQUE

General: ☐ Pre-Oxygenation ☐ L.T.A.
☐ Rapid Sequence ☐ Cricoid Pressure
☐ Intravenous ☐ Inhalation
☐ Intramuscular ☐ Rectal

Regional: ☐ Spinal ☐ Epidural
☐ Axillary ☐ Bier Block ☐ Ankle Block
☐ _____ ☐ Position _____
☐ Prep _____ ☐ Local _____
☐ Needle _____
☐ Drug(s) _____
☐ Dose _____ ☐ Attempts x _____
☐ Site _____ ☐ Level _____
☐ Catheter _____ ☐ See Remarks

Other: ☐ M.A.C. ☐ _____

AIRWAY MANAGEMENT

Intubation: ☐ Oral Tube size _____
☐ Stylet used ☐ Nasal ☐ Regular
☐ Magill's ☐ Direct ☐ RAE
☐ Fiber optic ☐ Blind ☐ Armored
☐ Blade _____ ☐ Laser
☐ Secured at _____ cm ☐ Endobronch.
☐ Attempts x _____ ☐ ET CO_2 present
☐ Breath sounds _____
☐ Uncuffed, leaks at _____ cm H_2O
☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS

Airway: ☐ Oral ☐ Nasal ☐ Difficult.
Circuit: ☐ Circle ☐ NRB see Remarks
☐ Mask Case ☐ Nasal Cannula
☐ Via Tracheostomy ☐ Simple O_2 mask

RECOVERY

Location | Time
B/P | O_2 Sat.
P | R | T

☐ Awake ☐ Stable ☐ Nasal Oxygen
☐ Drowsy ☐ Unstable ☐ Mask Oxygen
☐ Somnolent ☐ Intubated ☐ T-piece Oxygen
☐ Unarousable ☐ Ventilator ☐ Oral/nasal airway

Recovery Notes

FLUID TOTALS

Crystalloid _____ EBL _____
Blood _____ Urine _____

REMARKS

TIME:

FLUIDS / AGENTS

Oxygen (L/min)
☐ N_2O ☐ Air (L/min)
(%)

LR (ml)

TOTALS

MONITORS

Urine (ml)
EBL (ml)

EKG
% O_2 Inspired
O_2 Saturation
End Tidal CO_2
Temp.: ☐ °C ☐ °F
TOF

SYMBOLS

X ANESTHESIA
⊙ OPERATION
V ^ B / P CUFF PRESSURE
⊥ T ARTERIAL LINE PRESSURE
▲ MEAN ARTERIAL PRESSURE
● PULSE
○ SPONT RESP
∅ ASSISTED RESP
⊠ CONTROLLED RESP
T TOURNIQUET

VITAL SIGNS

Baseline Values

B/P — 200, 180, 160, 140, 120, 100

P — 80, 60

R — 40, 20

VENT

Tidal Volume
Resp. Rate
Peak Pressure
PEEP

Symbols for Remarks

Position

PATIENT IDENTIFICATION

Anesthesia Provider

CONTROLLED DRUGS

Drug	Issued	Used	Destroyed	Returned

Provider

DATE