

ANESTHESIA MACHINE CHECKOUT COMPLETED

SURGEON(S)								P.S. 1 2 3 4 5 E M F	
ANESTHESIOLOGIST(S)		O.R.#		ANES START _____		IN OR _____		CONSENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROP. SURG.		PAGE		INCISION _____		SURG END _____		PRE-OP/OR MEDICATIONS	
SURG. PERFORMED		OF _____		PACU _____		TOTAL TIME _____		DRUG DOSE ROUTE TIME	
ANES. X	O <sub>2</sub> L/MIN								
BP X	TIME								
	ECG								
	FI <sub>O</sub> <sub>2</sub>								
	Sa <sub>O</sub> <sub>2</sub>								
	ETCO <sub>2</sub>								
	39°	220							
		200							
	37°	180							
		160							
		140							
RESP 0	PREINDUCTION EVAL IN OR								
	BR _____								
	RR _____								
	Sa <sub>O</sub> <sub>2</sub> _____								
	MENTAL STATUS								
	<input type="checkbox"/> ALERT								
	<input type="checkbox"/> ORIENTED								
	<input type="checkbox"/> ANXIOUS								
	<input type="checkbox"/> CONFUSED								
	<input type="checkbox"/> BOMNOLENT								
<input type="checkbox"/> COMATOSE									
TEMP	POSITION								
	LEGEND								
	FLUIDS								
	VT								
	RR								
	PAP								
	URINE								
	EBL								
	REMARKS:								
INTUBATION	COMPLICATIONS:								
OFFER									
PULSE									
TURB									
BLOOD									
EXTUBATION									

GEN BLOCK: \_\_\_\_\_  
 IVA AGENT/DOSE: \_\_\_\_\_  
 SAB/EPID TECHNIQUE: \_\_\_\_\_  
 NEEDLE LEVEL/S/P/E: \_\_\_\_\_  
 ATTEMPTS: \_\_\_\_\_  
 HEME/CSF/PARESTHESIA: \_\_\_\_\_  
 AIRWAY: NC MASK ORAL NP \_\_\_\_\_  
 LMA# ETT# CUFF Y/N: \_\_\_\_\_  
 GLADE RSI CRICOID: \_\_\_\_\_  
 OT NT EB DLT: \_\_\_\_\_  
 INTUB AID: \_\_\_\_\_

MONITORS  
 NIBP EKG PCS  
 EYES T L P LG  
 TEMP: E R SKIN  
 ESOSCOPE  
 SaO<sub>2</sub> FO<sub>2</sub> PNS  
 AGENT MONITOR  
 GASES VENTED  
 ETCO<sub>2</sub> VENT  
 WARMERS:  
 FLUID UPPER/LOWER  
 A-LINE/CYPPA CATH  
 O/G N/G FOLEY

COND. IN  POST ANESTHESIA RECOVERY  ICU

B.P. \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_  
 MENTAL STATUS \_\_\_\_\_  
 VENTILATION \_\_\_\_\_ SaO<sub>2</sub> \_\_\_\_\_

SIGNATURE	DATE					
	TOTALS	NARCOTIC	AMOUNT CHECKED	AMOUNT USED	AMOUNT DISCARDED	AMOUNT RETURNED
		FENTANYL				
	VERSED					

NARCOTIC VERIFICATION SIGNATURE \_\_\_\_\_

ABBREVIATIONS:  
 F = FENTANYL (MCG)  
 M = MIDAZOLAM (MG)  
 P = PROPOFOL (MG)

Addressograph

**Hospital**  
 Member. HealthCare Mid-Atlantic  
**ANESTHESIA RECORD**