DATE

Pre OP DX/ICD 9 CODE	PREMED	EFFECT	AGE _____ WGT. _____
OPERATION/CPT CODE	ATT. SURGEON	ANTIBIOTIC TIME GIVEN	DRUG SENSITIVITY _____

ANES CARE TEAM		Start	End	Att Sig.	Res/CRNA
	#1	Start	End	Att Sig.	Res/CRNA
	#2	Start	End	Att Sig.	Res/CRNA
	#3				

PHYSICAL STATUS 1 2 3 4 5 6 E

❑ PT. IDENTIFIED ❑ CONSENT PRESENT ❑ CHART REVIEWED

LAST PO INTAKE _____

TIME

ANES START _____
OP START _____
OP END _____
LEAVE OR _____
END ANES _____

❑ GENERAL
❑ MAC no DRUG
❑ MAC with DRUG
❑ REGIONAL ❑ LOC BY SURG

LINE (SIZE & LOCATION)
❑ CVP _____
❑ PA _____
❑ ART _____
❑ IV _____
❑ IV _____
❑ IV _____

INDUCTION
❑ IV ❑ INHAL ❑ RECTAL ❑ IM
❑ OTHER _____
❑ PRE O_2 ❑ CRICOID PR.

❑ MASK
AIRWAY ❑ ORAL ❑ NASAL
ETT#_____AT _____cm
❑ ORAL ❑ NASAL
❑ TRACHEOSTOMY
❑ TOPICAL DRUG_____
_____% _____ml
❑ TRANSTRACHEAL
DRUG _____ _____% ____ml
❑ AWAKE ❑ RAPID SEQUENCE
❑ DIRECT VISION ❑ BLIND
❑ FIBEROPTIC ❑ STYLETTE
BLADE# _____ ATTEMPTS ___
DIFFICULT WHY _____
❑ END-TIDAL CO_2
❑ BILAT = BS
❑ SEMICLOSED CIRCLE
❑ CLOSED CIRCLE
❑ NON REBREATH

❑ EQUIPMENT CHECKED AND FUNCTIONAL
❑ BP CUFF SITE _____
ART SITE _____
❑ EKG LEAD
STETHOSCOPE
❑ PRECORDIAL
❑ ESOPHAGEAL
❑ TEMP SITE _____
❑ FIO_2 MONITOR
❑ AGENT MONITOR
❑ PULSE OXIMETER
❑ PA OXIMETER
❑ CAPNOGRAPH
❑ VENTILATOR
❑ NERVE BLK MONITOR

POSITION _____
❑ PRESSURE POINT CKD
EYE CARE
❑ OINT ❑ TAPE
TEMP CONTROL
❑ HUMIDIFIER ❑ HEATERS
❑ BLD WARMER ❑ HUGGER
❑ LIGHTS ❑ BLANKET
❑ OTHER _____

TIME													TOTAL
N_2O/O_2													
FiO_2/SO_2													
$EtCO_2$													
EKG													
CVP/WEDGE													
URINE													
EBL													
FLUIDS-BLD													

ANESTHESIA START X
ANESTHESIA FINISH ⊗
1 INTUBATION
P PREP
OP START ⊙
OP END ⊙
EX-EXTUBATION

B.P.
V SYSTOLIC
Λ DIASTOLIC
X MEAN
HEART RATE
Tourniquet up ↑↑
Tourniquet down ↓↓
Temp. T
RESP.
S: Spont.
A: Assisted
C: Controlled
RATE
TV
PIP
PEEP

PRE INDXN
BP HR RR

240 220 200 180 160 140 120 100 80 60 40 20 10

TEMP
42° 41° 40° 39° 38° 37° 36° 35° 34° 33° 32° 31° 30°

COMMENT / SYMBOL

LAB VALUES

TIME													
pH													
$PaCO_2$													
PaO_2/FiO_2													
HCO_3/BE													
Na/K													
Hct													

REMARKS

REGIONAL
❑ EXTREMITY SPECIFY _____
❑ SPINAL
❑ EPIDURAL ❑ CAUDAL
❑ CATHETER
❑ PUMP
❑ OTHER _____
POSITION _____
SITE _____
NEEDLE _____
PARAESTHESIA ❑ yes ❑ no
SPECIFY _____
SET/LOT # _____
DRUG/DOSE _____
TEST DOSE cc _____
INITIAL DOSE cc _____
ANES LEVEL _____
❑ .CATH OUT INTACT
❑ POST OP. ANALGESIA
COMMENTS _____

TRANSPORTATION TO: ❑ PACU ❑ ICU OTHER _____
RELAXANT REVERSED ❑ yes ❑ no
❑ TRAIN OF 4 ❑ TET ❑ HEAD LIFT
❑ EKG ❑ PULSE OX ❑ ETT
❑ O2 VENT: ❑ SPONT ❑ CONTRL ❑ ASST.

RECOVERY ROOM SECTION
TIME IN _____
CONDITION _____
P _____ R _____ TEMP_____ SAT. _____
BP _____ F_1O_2_____
MENTAL STATUS _____
PACU SCORE _____
OXYGEN: ❑ NASAL ❑ MASK ❑ T. PIECE ❑ CPAP
❑ VENT SETTINGS _____
SIGNATURE
_____ DATE: _____

PAGE _____ OF _____

UNIVERSITY HOSPITAL

ANESTHESIA RECORD

75-800A (1/06)

Patient Label