

UNIVERSITY OF MEDICAL CENTER ANESTHESIA RECORD

PAGE _____ OF _____ PP _____ P _____ HT _____ ASA 1 2 3 4 5 E _____

PLATELETS _____ PT _____ PPT _____ BUN/CREAT _____

PREMED _____ IN IM PO TIME _____ EFFECT _____

ALLERGIES _____

ANESTHESIOLOGISTS _____

SURGEONS _____

OPERATION _____

ANES. MACHINE # _____ CHECKED FIO2 LOW ALARM LIMIT _____ OR _____

POSITION _____ EYES PROTECTED PRESS POINTS CHECKED _____

NAME _____

AGE _____ SEX _____ RACE _____

HOSP # _____ ROOM # _____

SERVICE _____ DATE _____

SIG. MED. PM _____ MEDICATIONS _____

TIME											TOTAL	<input type="checkbox"/> ED. CHECKED	ANES. TIME	START	END

BLOOD # _____

REMARKS _____

SENSORY LEVEL												
	200											
180												
160												
140												
120												
100												
80												
60												
40												
20												

ANES. X _____ OPER. O _____ PULSE _____ BP _____
 IMPRECT X _____ DIRECT O _____
 VENT: O SPONT. ASSIST. CONTROL

T.O.F. _____

VENT: TV/IR _____ AIRWAY P _____

PERSONALLY DIRECTED:
 _____ INDUCTION/INTUBATION
 _____ EMERGENCY/EXTUBATION
 _____ KEY PORTIONS: _____

ATTENDING SIGNATURE _____

POST ANESTH. TIME	PLACE
BP	RESP.
VENT	
LOC	EtO2

REMARK #			
pH			
PCO2			
PO2			
HCO3			
BE			
Gal			
HCO3D			
Na			
K			
Cl			
Ca			

REMARKS _____

MONITORS

EP CUFF SITE _____ TEMP. SITE _____

EEG EP TEE

STERN. SITE _____ A-LINE _____

IVS _____

OTHER ACCESS _____

N STIM. SITE _____ FOLEY _____

BOWE SITE _____ NG/OG TUBE _____

MUMIDIFIERS: HME CIRCUIT

WARMERS: AIR WATER BLANKET LIGHTS BCD

AIRWAY

MASK ORAL AIRWAY NASAL AIRWAY

ETT: SIZE _____ @ _____ cm ROUTE _____

CUFF _____ LEAK _____ BLADE _____

TRAUMA _____

BRL SOUNDS _____ CO2 _____

CONDUCTION

TYPE _____ SITE _____

NEEDLE _____ FLUID _____

PARESTHESIAS (DESCRIBE IN REMARKS)

FLUIDS

TOTAL IN: _____

E.B.L. _____

URINE _____

OTHER LOSSES _____

TOTAL OUT: _____