ANESTHESIA RECORD

Room #					Pa	age				of _							Date of Service (MM/DD/YY)
ASA 1 2 3 4 5 E		Page of														PRINT	
Allergies:	Allergies: Procedure													_ Surgeon			
Allergies.																ChivA Kg	
																	Weight Lb NPO at
Medications IOXYGEN L/MIN	Time	9	 			_							_		\Box	Total	General Mac Regional CV: WNL HTN Angina PTCA/Stent
				#		#							t				CAD. MI CABG. HLD PVD Afib CHF
Fentanyl mcg Versed mg						#					F		ŧ		\downarrow		EKG:
Versed mg Propofol mg Propofol Mcg/kg/min	Vitals					\Rightarrow									\exists		Exam of Heart Regular Irregular Murmur Beta Blockers:
NTN:				\downarrow		#									#		Patient on Beta Blockers: Yes No If yes a) Beta-Blocker given either day prior
AGE	PreInduction					1											or day of surgery? Date/Time b) Patient will be give Beta-Blocker Intra-OF
		<u> </u>				#							+		\exists		c) Beta-Blocker Contraindicated
Fluids						#									\exists		Pulm: ☐ WNL ☐ Asthma ☐ Pneumonia ☐ COPD ☐ OSA ☐ Bronchitis
EBL						\pm									\exists		Smoker Yes Amount No
ECG O2 Saturation %						4									_		Exam of Lungs
O2 Saturation % Temp C F O O2 Inspired Find Tidal CO2				1		7					F		+		7		CNS: WNL. Dementia Seizure ETOH CVA Migraines Drug Abuse
≥ End Tidal CO2															#		Anxiety/Depressior Other
Nasal Cannula with ETCO2 Pre - Oxygenation	mm Hg														#		GI WNL Hiatal Hernia GERD Diverticulosis
Mask Easy/Hard	200				+										#		- Benal □ WNI □ CKD□ BPH □ ESBD
☐ Oral Airway ☐ Nasal Airway	180												+		#		Other:
Trach LMA #	160				+	H		\blacksquare			H		F		=		Endo: WNL Diabetes Obesity Hyper/Hypo Thyroid Other
☐Intubation Easy/Hard ☐Oral/Nasal	140 120	\vdash													\exists		Airway: MP 1 2 3 4 Dentition: Intact Loose Bridge Cap
Cuff Rapid Sequence	100	++-													#		Labs:
Mac Mil ETT Size	80												+		#		
Attempts 1/2/3 View 1/2/3/4	60												F		\exists		
Taped at EtCO2 Bil Breath Sounds	40														\exists		
Bii Breatii Sourius	20														\exists		<u> </u>
Remarks/Position															\exists		1
TV/RR PIP/PEEP						Н							╁		\exists		Pre-Op SignatureDate/Time
POST ANESTHESIA CARE VITALS/NOTE:														Anesthesia Start Anesthesia End			
Patient temperature on ar No apparent complicati														No			
BP /]н	R [RF	٦			SpC)2			Tem	р				Procedure Start. Procedure End
POST ANESTHESIA								,									<u> </u>
Required after operative or other hi Or monitored anesthesia. Evaluation To the evaluation. Outpatients mus	n mu	st be com	pleted v	vhen t	he pat												
Respiratory Function CV Function Mental Status Temp/Pain Nausea/Vomiting Hydration Airway Patent rate and Pulse/BP Arouseable and within No acute nausea appears																	
	expected eter	d ab	,	ected amete		or	or vomiting adec				nyd <u>ra</u>		Affix Patient ID Label Here				
		J]											Ĺ	
Anesthesia Clinician Date Time																	
Surgeon Signature			_		Dat	te		_									