

ANESTHESIA RECORD

Room # _____ Page _____ of _____

Date of Service (MM/DD/YY)

ASA	1	2	3	4	5	E	Post Op Dx _____	PRINT Surgeon _____
Allergies: _____							Procedure _____	CRNA _____
							Weight <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> Kg	Lb NPO at _____

Medications	Time	Total											
AGENTS/DRUGS	OXYGEN L/MIN												
	Fentanyl mcg												
	Versed mg												
	Propofol mg												
	Propofol Mcg/kg/min												
Fluids													
EBL													
MONITORS	ECG												
	O2 Saturation %												
	Temp C F												
	% O2 Inspired												
	End Tidal CO2												

<input type="checkbox"/> Nasal Cannula with ETCO2 <input type="checkbox"/> Pre - Oxygenation <input type="checkbox"/> Mask <input type="checkbox"/> Easy/Hard <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway <input type="checkbox"/> Trach <input type="checkbox"/> LMA # _____ <input type="checkbox"/> Intubation <input type="checkbox"/> Easy/Hard <input type="checkbox"/> Oral/Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Mac _____ Mil _____ <input type="checkbox"/> ETT Size _____ <input type="checkbox"/> Attempts 1/2/3 <input type="checkbox"/> View 1/2/3/4 <input type="checkbox"/> Taped at _____ <input type="checkbox"/> EtCO2 _____ <input type="checkbox"/> Bil Breath Sounds	mm Hg	200	180	160	140	120	100	80	60	40	20										
Remarks/Position																					
TV/RR																					
PIP/PEEP																					

POST ANESTHESIA CARE VITALS/NOTE:

Patient temperature on arrival to PACU greater than or equal to 36C/96.8 F? ☐ Yes ☐ No

☐ No apparent complications ☐ Stable ☐ Report given to responsible practitioner

BP / HR RR SpO2 Temp

POST ANESTHESIA EVALUATION

Required after operative or other high risk procedure and/or as the patient recovers from moderate or deep sedation or general, regional or monitored anesthesia. Evaluation must be completed when the patient has received sufficiently to answer the key questions related to the evaluation. Outpatients must be evaluated prior to discharge.

Respiratory Function	CV Function	Mental Status	Temp/Pain	Nausea/Vomiting	Hydration
Airway Patent rate and Oxygenation within Expected parameter	Pulse/BP within expected parameter	Arouseable and able to follow commands.	within expected Parameter	No acute nausea or vomiting	appears adequately hydrated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anesthesia Clinician _____

Date _____

Time _____

Surgeon Signature _____

Date _____

Pre-Op Signature _____ Date/Time _____

Anesthesia Start

Procedure Start.

Anesthesia End