ANESTHESIA RECORD

Room # _____ Page _____ of _____

Date of Service (MM/DD/YY): ☐☐ / ☐☐ / ☐☐

ASA: ☐1 ☐2 ☐3 ☐4 ☐5 ☐E

Post Op Dx _____
_____

Allergies:
_____
_____

Procedure _____
_____
_____

PRINT Surgeon _____

CRNA _____

Weight ☐☐☐.☐ Kg / Lb   NPO at _____

Medications / Time / Total

☐ General   ☐ Mac   ☐ Regional

AGENTS/DRUGS		Preinduction Vitals										Total
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										

☐ Nasal Cannula with ETCO2 mm Hg
☐ Pre - Oxygenation
☐ Mask
  Easy/Hard
☐ Oral Airway
☐ Nasal Airway
☐ Trach
☐ LMA # _____
☐ Intubation
  Easy/Hard
☐ Oral/Nasal
☐ Cuff
☐ Rapid Sequence
☐ Mac _____ Mil _____
☐ ETT Size _____
  Attempts 1/2/3
  View 1/2/3/4
  Taped at _____
  EtCO2 _____
☐ Bil Breath Sounds

200
180
160
140
120
100
80
60
40
20

Remarks/Position
TV/RR
PIP/PEEP

Right Panel

CV: ☐ WNL ☐ HTN ☐ Angina ☐ PTCA/Stent
☐ CAD. ☐ MI ☐ CABG. ☐ HLD
☐ PVD ☐ Afib ☐ CHF

EKG:
Exam of Heart ☐ Regular ☐ Irregular ☐ Murmur
Beta Blockers:
Patient on Beta Blockers: ☐ Yes ☐ No
If yes ☐ a) Beta-Blocker given either day prior or day of surgery? Date/Time
☐ b) Patient will be give Beta-Blocker Intra-OP
☐ c) Beta-Blocker Contraindicated

Pulm: ☐ WNL ☐ Asthma ☐ Pneumonia
☐ COPD ☐ OSA ☐ Bronchitis
Smoker ☐ Yes Amount _____
☐ No
Exam of Lungs ☐ CTA ☐ Other _____

CNS: ☐ WNL. ☐ Dementia ☐ Seizure ☐ ETOH
☐ CVA ☐ Migraines ☐ Drug Abuse
☐ Anxiety/Depression ☐ Other _____

GI: ☐ WNL ☐ Hiatal Hernia ☐ GERD ☐ Diverticulosis
☐ Hepatitis ☐ Other _____

Renal: ☐ WNL ☐ CKD ☐ BPH ☐ ESRD
☐ Other: _____

Endo: ☐ WNL ☐ Diabetes ☐ Obesity
☐ Hyper/Hypo Thyroid ☐ Other _____

Airway: MP ☐1 ☐2 ☐3 ☐4
Dentition: Intact Loose Bridge Cap

Labs:

Pre-Op Signature _____ Date/Time _____

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 ☐☐☐.☐

Anesthesia Start ☐☐☐☐   Anesthesia End ☐☐☐☐
Procedure Start ☐☐☐☐   Procedure End ☐☐☐☐

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
☐	☐	☐	☐	☐	☐

_____   _____   _____
Anesthesia Clinician   Date   Time

_____   _____
Surgeon Signature   Date

Affix Patient ID Label Here