

ANAESTHETIC RECORD

DATE:	
OPERATION:	
ANAESTHETICS:	
SURGEONS:	
TYPE OF PREMEDITATION;	
TIME GIVEN:	EFFECT:
TIME GIVEN:	HEIGHT:

INDUCTION	AIRWAY:	ORO/NASOPHARYNGEAL R/L	BLIBD
		ORO/NASOTRACHEAL	CUFFPACK
		ENDOB RACHNEAL R/L	UNDERMASK
	IFLV:	ARM R/L	LEG R/L
		HAND R/L	

ECG

ANESTHESIA RECORD														
PATIENT INFORMATION										ANESTHESIA INFORMATION				
PATIENT NAME					PATIENT NO.					ANESTHESIA METHOD				
SURGEON					ANESTHESIOLOGIST					ANESTHESIA TYPE				
OPERATION					ANESTHESIA START TIME					ANESTHESIA END TIME				
VITAL SIGNS										ANESTHESIA DRUGS				
TEMPERATURE										ANESTHESIA DRUG NAME				
PULSE										ANESTHESIA DOSE				
BLOOD PRESSURE										ANESTHESIA TIME				
RESPIRATORY RATE										ANESTHESIA REVERSAL				
O ₂ SATURATION										ANESTHESIA URINE				
FLUIDS: R/L										ANESTHESIA TIME QUALITY				
URINE										ANESTHESIA REVERSAL				
REVERSAL										ANESTHESIA POSITION				

RESULT OF OPERATION:
POST OPERATIVE IBSTRUCTIONS TO WARD: