|  |  |
| --- | --- |
| Name  Age/Gender  Mobile No  Address | Branch  Case No:  Date:  Ref By: |

**Anaesthesia Records**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Review of Investigations |  | | | | | **Pre Operative** |
| Review of Medications |  | | | | |
| Clinically RS |  | | | | |
| Clinically CVS |  | | | | |
| Remarks |  | | | | |
|  | | | | | | |
|  | Pre Op | | Intra Op | | Post Op | **Vitals** |
| Pulse (per minute) |  | |  | |  |
| BP (mmHg) |  | |  | |  |
| SpO2 (%) |  | |  | |  |
| RBS (mg/dL) |  | |  | |  |
| Others |  | |  | |  |
| Remarks |  | |  | |  |
|  | | | | | | |
| Anaesthesia | | Medications | | Complications | | **Surgery** |
|  | |  | |  | |
|  | | | | | | |
| Advise | | Post Op Medicines Prescribed | | Remarks | | **Post Operative** |
|  | |  | |  | |
|  | | | | | | |
|  | | | **Anaesthetist** |