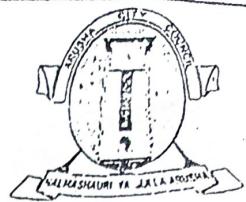


ANAESTHESIA RECORD

ARUSHA CITY HOSPITAL

ARUSHA CITY COUNCIL



Date:

Reg. number:

Operation:

Surname:

Surgeon:

Other names:

Assistant:

Address:

Anaesthetist:

Date of birth:

HB:

B/Group:

Weight:

Sex:

Ward:

Time given:

By:

PRE OP. CON

Good

Fair

Emergency

INTUBATIO

Ora!

Nasal

Cuff

Pack

Size.....n

Spray

Difficulty

CIRCUIT

circule

Semi-open

Non rebreat

Draw over

T-Piece

RESPIRATI

Spontaneou

Assisted

Controlled

REGIONAL

Spinal

Epidural

Block

Local infiltr.

POSITION

Pos.

Site

Gauge

Height

Effect

Pulse:	ASA:	I	II	III	IV	V	R	L	Arm	wrist	Hand	Leg	Foot	
	220													
	200													
	180													
	160													
	140													
	120													
	100													
	80													
	60													
	40													
20	20													
	0													

Time:

REMARKS:

Duration of operation:

MONITORING:

RECOVERY SUMMARY:

Duration of Anaesthesia:

Pulse

TIME BP PR RR SAO2

Fluids given:

BP

Blood loss:

O2 Sat

Complications:

Urine

Time left recovery:

Sign:

PRE ANAESTHETIC ASSESSMENT:

Problem:

Procedure planned:

Associated History: Medical.....

Surgical.....

Past History: Medical.....

Surgical.....

Anaesthetic.....

Family History:

Social History:

Allergies:

Physical Examination: General.....

RS.....

CVS.....

GIT.....

CNS.....

Miscellaneous.....

Dental status..... Laboratory status.....

Nutritional status..... Hydration status.....

Physical status..... Last oral intake.....

Pre anaesthetic prescription:

A.S.A. classification.....

Anaesthetic plan.....

Date..... Signature.....

POST ANESTHETIC VISIT: Operation findings.....

Anaesthetic complications: Sore throat, Respiratory problems, Neurological, Teeth, Skin mucous membrane trauma, Headache, Needle site Infection, Phlebitis, Others

Rx..... Sign..... Date.....