

DATE/TIME: 30/10/24

IMMEDIATE PRE-INDUCTION ASSESSMENT

Anesthesia Machine, Suction, Laryngoscope checked Y/N
 Clinical Condition Re-assessed Y/N
 Investigations Noted Y/N
 Consent Checked Y/N
 NPO Status Confirmed Y/N
 HR: _____ /min RR: _____ /min
 BP: _____ / _____ mmHg SpO₂: _____ %

TECHNIQUE

GAY TIVA / RA (SAB - EA - CSE) - PNB - IVS - MAC

LINES

Peripheral Lines: 18 G (Right Left: Arm)
 US guided G (Right / Left: _____)
 CVP Line: _____ Fr. _____ Lumen (Right / Left: _____)
 Arterial Line: _____ Fr. _____ (Right / Left: _____)

MONITOR

Pulse Oxymeter / ECG / NIBP/IBP/
 Capnography / CVP / Urine Output / Airway PT/
 Temp / PNS / Gas-Vapor Analyzer / BIS

INDUCTION

Intravenous / Inhalational / RSI / Awake FOB
 Preoxygenation: Y N
 Airway: Mask / LMA (Classic/I-Gel) / ETT / DLT / Tracheostomy
 Size: _____ Cuffed / Uncuffed
 Route: Oral / Nasal
 Type: PVC / Flexometallic / RAE (S / N)
 CL Grade: Difficulty: Y / N
 Aid Used: Y / N (Stylet / Bougie / Intubating LMA / VDL / FOB)
 ETT Secured At: _____ Cuff Pr: _____ cmH₂O
 Confirmation: Bilateral Auscultation / ETCO₂ / FOB
 Throat Pack: Y / N Ryles Tube (OG / NG): _____

VENTILATION

Circuit: Circles JR / Bain
 Ventilation: Spontaneous Controlled Assisted
 Mode: CMV / PCV / SIMV
 Settings: TV: _____ ml, RR: _____ /min,
 Insp Pr: _____ cmH₂O,
 I:E Ratio: _____ PEEP: _____ cmH₂O

MAINTENANCE

O₂ 10 l/min by NP / Mask / Tracheostomy
 O₂: Air: N₂O: _____ : _____ : _____ FGF: Lit/min

REVERSAL OF NEUROMUSCULAR BLOCKAGE

EXTUBATION OF TRACHEA

Throat Pack Removed: Y/N Good Muscle Tone and Power: Y/N
 Through OP Suction: Y/N Adequate Reversal of NMB: Y/N

Anesthesiologist: <i>D. Rush</i>	Pt Shift In: <i>5/10</i> Induction: <i>5:10</i>	DVT Prophylaxis: <input checked="" type="checkbox"/>
Surgeon: <i>D. Pendleton</i>	Incision: <i>5/15</i> Closure: <i>5:30</i> Shift Out: <i>5:50</i>	Eyes, Pressure Points Padded <input checked="" type="checkbox"/> Y / N
Anesthesia Technician: _____ OT No. _____	Position: <i>Supine</i>	Tourniquet: Site: _____
Surgery: <i>VAC dressing change</i>	Warming: Blanket / Air / In-line Fluid Warmer	Inflation: _____ Deflation: _____
TIME: AM/PM <input checked="" type="checkbox"/>		
DRUGS:		
<i>Glyc</i> 0.2 mg		
<i>midaz</i> 1-1.5 mg		
<i>Fentanyl</i> 150 <i>ug</i>		
<i>propofol</i> 40-70 + 10 mg		
<i>pentazocine</i> 40 mg		
<i>metocarbamol</i> 1 gm		
<i>Paracetamol</i> 1 gm		
IV FLUIDS <i>NS</i>		
ECG <i>NUR</i> <i>now</i> <i>now</i> <i>now</i> <i>now</i>		
SpO ₂ (%) <i>100</i> <i>100</i> <i>100</i> <i>100</i>		
ETCO ₂ (mmHg) <i>35</i> <i>35</i> <i>35</i> <i>35</i>		
CVP (cmH ₂ O) <i>10</i> <i>10</i> <i>10</i> <i>10</i>		
TEMP (°C) <i>37</i> <i>37</i> <i>37</i> <i>37</i>		
BIS <i>65</i> <i>65</i> <i>65</i> <i>65</i>		
BLOOD LOSS (ml) <i>0</i> <i>0</i> <i>0</i> <i>0</i>		
URINE OUTPUT (ml) <i>0</i> <i>0</i> <i>0</i> <i>0</i>		
S.B.P. <input checked="" type="checkbox"/>		
D.B.P. <input checked="" type="checkbox"/>		
H.R. <input checked="" type="checkbox"/>		
EVENTS: <i>Ure</i>		
Induction (ind) Reversal (rev) Incision (inc) Closure (cls)		

REGIONAL ANESTHESIA

Preparation: Aseptic Local: _____

SUBARACHNOID BLOCK

Position: _____ Space: _____ interspace

Needle: Cutting/Pencil point: G

Approach: Median/Paramedian

Confirmation: Free and Clear CSF Flow

Attempts: _____

Drugs: _____ Heavy % _____ ml

Adjunct:

Level Achieved:

Post op Level:

EPIDURAL / COMBINED SPINAL EPIDURAL BLOCK

Position: _____ Space: _____ interspace

Tuohy Needle: G Technique: Intermittent/Continuous

End Point: LOR to Saline / Air At _____ cm Mark

Confirmation: Negative aspiration of blood and CSF

Attempt: Fixation: _____

Spinal Needle: GSpinal Drug: _____ Heavy % _____ ml

Epidural test dose: _____

Epidural Activation: _____

PERIPHERAL NERVE BLOCK

Indication: Surgical / Postoperative Analgesia

Preparation: Aseptic

Position: _____

Site (Right / Left): _____

Needle: _____

Guidance: Landmark / PNS / Ultrasound

Depth: _____ cm, Min. Cur: _____ mA, Motor Resp: _____

Pain / Resistance on injection: Y/N

Negative Blood Aspiration: _____

Drugs: _____ % _____ ml

Adjuncts: _____ Total: _____

INPUT OUTPUT

Crystallloid: _____	Urine: _____
Colloid: _____	Bloodloss: _____
Blood / Bl. Products: _____	_____

POST OPERATIVE ANALGESIA

Anesthesiologist Signature: Date: 30/10/24 Time: 5: