

ANESTHETIST: admin  
 DATE: 1/1/0001 12:00:00 AM  
 CLINICIAN: admin  
 WARD/CAGE OR STALL #: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

BODY WEIGHT: 0.0 kg AGE: -1 years -1 months

### TEMPERAMENT:

**CLINICAL FINDINGS**  
 Temp 0 Pulse 0 Resp. \_\_\_\_\_  
 Cardiac Auscultation \_\_\_\_\_  
 Pulse Quality \_\_\_\_\_  
 Mucous Membrane color \_\_\_\_\_  
 Capillary Refill Time \_\_\_\_\_  
 Respiratory Auscultation \_\_\_\_\_  
 Physical Status classification \_\_\_\_\_  
 Reasons for classification: \_\_\_\_\_  
 Current medications: \_\_\_\_\_  
 \_\_\_\_\_

### PRE-OPERATIVE PAIN ASSESSMENT

### ANTICIPATED POST-OPERATIVE PAIN

PCV<sub>0</sub> TP<sub>0</sub> Alb<sub>0</sub> Glob<sub>0</sub> WBC<sub>0</sub>  
 Na<sup>+</sup><sub>0</sub> K<sup>+</sup><sub>0</sub> Cl<sub>0</sub> Ca<sup>2+</sup><sub>0</sub> iCa<sub>0</sub>  
 Glucose<sub>0</sub> ALT<sub>0</sub> ALP<sub>0</sub>  
 BUN<sub>0</sub> CREAT<sub>0</sub> USG<sub>0</sub>  
 Other results \_\_\_\_\_  
 Prior anesthesia (dates/problems) -1 \_\_\_\_\_

### ANESTHESIA CONCERNS:

### ANESTHETIC PLAN

DRUG	ROUTE	DOSAGE (mg/kg)	DOSE (mg)	DOSE (mL)
Premed:		-1		
		-1		
		-1		
Induction:		-1		
		-1		
Maintenance:	<input type="checkbox"/> injectable:			
	<input type="checkbox"/> inhalant:	Induction: _____ (%)	Maintenance: _____ (%)	
	Oxygen flow rate:	Induction: _____	Maintenance: _____	
	Breathing system: <input checked="" type="checkbox"/> circle <input checked="" type="checkbox"/> non-rebreathing			
Intraoperative analgesia:				
Other anesthetic drugs:				

Monitoring: Arterial Line Doppler

IV fluid type \_\_\_\_\_ Dose: XX.XX mL/hr = XXX drops/sec  
 \_\_\_\_\_ Dose: XX.XX mL/hr = XXX drops/sec  
 Administration set: ☐ MINI DRIP (60 drops/ml), ☐ MAXI DRIP (10 drops/ml)

Approved: