

ANAESTHESIA RECORD

Date (dd/mm/yy): _____
 Anaesthetist: _____
 Surgeon: _____
 Procedure: _____
 Location: _____

Patient Information

Last Name: _____
 First Name: _____
 DOB (dd/mm/yy): _____
 Home Phone: _____
 Companion's Name: _____
 Companion's Phone: _____

Gender: M F

Age: _____


Armband

HxPI	PMHx	<input type="checkbox"/> Identity confirmed <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> CAD <input type="checkbox"/> PULM <input type="checkbox"/> ESRD	OSA: Y / N / Suspect	PONV: Y / N
				<input type="checkbox"/> MH-SUSC

PSHx	AnaeHx	FHx
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Premeds <input type="checkbox"/> Ibuprofen _____ <input type="checkbox"/> Tylenol _____ <input type="checkbox"/> Ondansetron _____ <input type="checkbox"/> Celebrex _____ <input type="checkbox"/> Gabapentin _____	Current meds (√ = taken on schedule)	Allergies Sensitivities	Symptoms
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ROS	<input type="checkbox"/> Normal <input type="checkbox"/> Voided	NPO clear fluids since: _____ hours	NPO all other since: _____ hours
Smoker: Y / N	Pregnant: Y / N	STOP-BANG Score*:	N/V Score**:
			DVT Risk Factor***:

Physical Exam							
Ht (cm):	Wt (kg):	BMI:	BP:	HR:	RR:	Sat%:	Temp:
Heart:	Lungs:		HEENT/MP:		Other:		
Dental:	Intubation Assm't:						
				<input type="checkbox"/> Easy <input type="checkbox"/> Mod Difficult <input type="checkbox"/> Difficult			
ASA Class:	1	2	3	4	5	E	

Investigations <input type="checkbox"/> not indicated		
Lab:	EKG:	Other:

Discussion Plan <input type="checkbox"/> ane/risks discussed <input type="checkbox"/> dental risks disclosed <input type="checkbox"/> questions answered <input type="checkbox"/> informed consent obtained <input type="checkbox"/> GA <input type="checkbox"/> iv ind <input type="checkbox"/> inh ind <input type="checkbox"/> Sedation <input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> none	
<input type="checkbox"/> Healthy lifestyle counseling provided	Signature

STOP-BANG Score* Snores loudly Tired during daytime Observed stopped breathing Neck circumference > 40 cm	Male Age > 50 yrs BMI > 35 High BP	N/V Score** Adult: Female Nonsmoking Postop opioids Hx PONV motion sick FHx PONV	Paediatric: Procedure > 3 hrs Age 3+ Strabismus PONV in patient or 1 st degree relative	DVT Risk Factors*** History of DVT Age > 60 years Obesity > 20% ideal weight Hormone therapy OR > 2 hours	Leg edema, ulcers, stasis Hypercoagulable state Inflamm. Bowel disease Pregnancy Postpartum < 1 month Malignancy
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	Start	Stop
Anesthesia care		
Anesthesia		
Surgery		

Patient Name:

Date:

Ancef (g)																				
PROPOFOL (mg)																				
PPF µg/kg/min																				
Sux / Roc (mg)																				
Decadron (mg)																				
Ketorolac (mg)																				
Ondansetron (mg)																				
Fentanyl (µg)																				
Remifentanyl (µg)																				
Remifentanyl (µg/kg/min)																				
Ketamine																				
Dexmedetomidine (µg)																				
Reversal Agents																				
N ₂ O / O ₂ L/MIN																				

			15	30	45				15	30	45				15	30	45				15	30	45				
B.P.																											
X	220																										
HR	200																										
°	180																										
	160																										
	140																										
Throat-pack in	120																										
	100																										
Throat-pack out	80																										
⊗	60																										
VAPOUR	40																										
	20																										
IV																											
Sat %																											
ETCO ₂																											
Airway Pressure																											
Tidal Volume / RR																											
Temperature (°C)																											
BIS or Ramsay																											
EBL (cc)																											
Urine (cc)																											

OR:

- Surgical Safety Check** Briefing Timeout Debriefing **ABX** ordered not ordered **DVT** prophylaxis not ordered
- Equipment/Machine** checked **Monitors** EKG BP cuff Agent Pulse Ox CO₂
 Temp SCVD BIS Nerve Stimulator
- IVsite/size** _____ **Technique** GA sedation deep light **Eyes** taped checked
- Induced** iv inhal **Assistance** mom/dad/other _____ RN **Patient** cooperative cried combative
- Arms right** tucked arm boards less than 90 degrees **left** tucked arm boards less than 90 degrees
- Position** supine other _____ **Pressure points** checked padded
- Mask Ventilation** no PPV via mask with ease needed airway **Ventilation** spont assist controlled

Patient Name:

Date:

Airway

Nasal Prongs Otrivin Lidocaine gel Oral Nasal R L

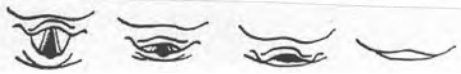
Laryngeal Mask size_____

Endotracheal Oral Nasal R L
ETT cuffed cuff inflated cuff deflated
Tube type:_____ Tube Size:_____

Magills Blade size:_____ Videolaryngoscope details: _____
 uncuffed
 cuff leak <20cm H₂O
 throat pack

Cricoid Pressure

Larynx grade:



Intubation: Easy Laryngospasm Other

Fluid Balance (mL's)

Fluid In: N/S: _____
R/L: _____
Other: _____

Fluids Out: EBL: _____
Liposuction: _____
Urine: _____
Other: _____

Total In: _____ Total Out: _____ Fluid Balance: _____

Intraoperative Events uneventful case ETT or LMA removed in OR PACU awake deep
 oral cavity inspected for foreign materials

To PACU via stretcher
In PACU placed sitting supine laterally breathing well stable report to RN

PACU Admission

BP: P: RESP: ETCO₂ O₂ SAT%: Temp: Neuro: asleep
 arousable
 awake
 comfortable
other: _____

- PACU Orders**
- 1) O₂ via FM 50% prn if Sat ≤92%
 - 2) iv at _____ ml/hr , d/c iv when pt. awake and well
 - 3) pain and PONV Rx per protocol
 - 4) discharge pt. per protocol when criteria are met
 - 5) give and explain post-anesthesia information sheet
 - 6) reinforce healthy life style counseling
 - 7) Vitals q5 min for the first 3 then q15 min until discharge (baseline vitals from preop or first anesthesia vitals if not available)

Signature:

Date:

