

ANAESTHETIC MONITORING CHART

PATIENT INFORMATION

Date: / / Owner consent form signed

Owner's name: _____

Contact number: _____

Animal's name: _____

Species: _____

Breed: _____ Age: _____

Weight (kg): _____ Sex: ME MN FE FS

Vet: _____

Nurse: _____

Pre GA Bloods: ASA category I II III IV V E

IV Fluids: Y / N

Diagnosis/Procedure: _____

Comments: _____

PREMEDS

Drugs + Concentration	Dose (mL)	Route	Time

Catheter size: _____ Site: _____

Sedation: None Minimal Good Deep

Vomited: Y / N

Induction Drug / Concentration	(mL)	Route	Time

Circuit: Circle Non-Rebreathing ET Tube Size: _____ Difficult intubation: Y N

Peri-Op Analgesia Plan	Technique (CRI/Local)	(mL)	Route	Time

KEY: A Anaesthesia start **A** Anaesthesia end S Operation start **S** Operation end **E** Extubation **X** HR **o** RR **v** SAP mmHg **^** DAP mmHg **-** MAP mmHg Warming Device: **ON** **OFF** Maintenance Agent: _____

Time:												
Agent (%)												
Eye Position (C, VM)												
O ₂ L/min												
ETCO ₂												
SpO ₂												
Temperature												
Event No.												
220												
200												
180												
170												
160												
150												
140												
130												
120												
110												
100												
90												
80												
70												
60												
50												
40												
30												
20												
15												
10												
8												
6												
4												
2												
0												

Fluids Type: _____

Rates: _____

Intra-Op Event #	Description	Action/Drug (Dose, Route)	Totals		
			Fluids:	mL	
			Fluids:	mL	
			Sx. Time:		
			Anes. Time:		
Post-op Pain Score	Quality of Recovery	Post-Op Analgesia/Sedation	Dose (mg)	Route	Time
/	Good Prolonged Dysphoric Other _____				