

# 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: \_\_\_\_\_

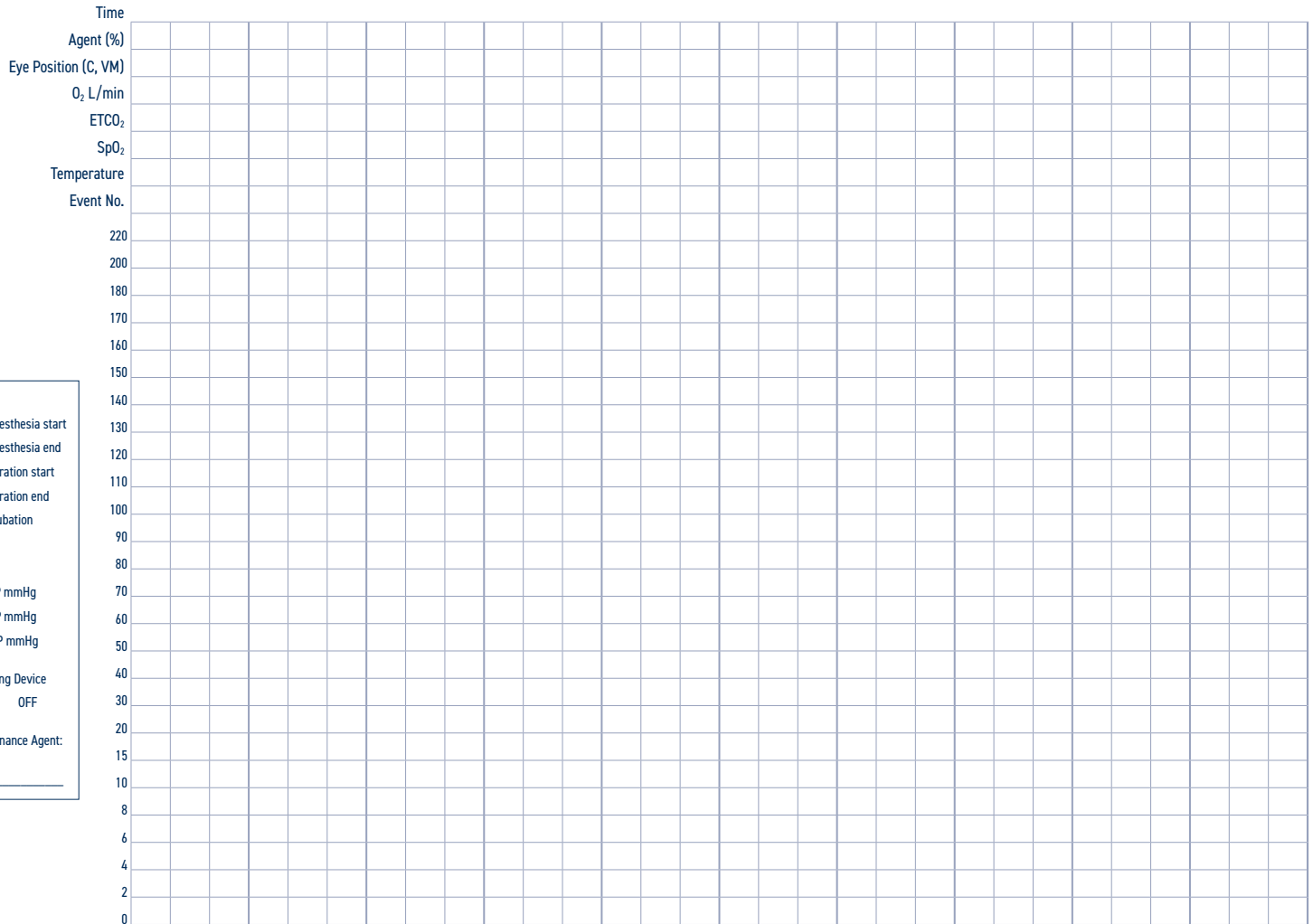
Sedation:  None  Minimal  Good  Deep

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:**

- Ⓐ Anaesthesia start
- A Anaesthesia end
- Ⓢ Operation start
- S Operation end
- E Extubation
- X HR
- o RR
- ∨ SAP mmHg
- ^ DAP mmHg
- MAP mmHg
- Warming Device
- ON OFF
- Maintenance Agent: \_\_\_\_\_

Fluids	Rates																			
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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 _____				