

# Anaesthetic Monitoring Chart

Repeatable. Reliable. Relax.

## PATIENT INFORMATION

Date: / /  Owner consent form signed

Owner's name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Animal's name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ kg Sex:  M  N  F

Vet: \_\_\_\_\_

Nurse: \_\_\_\_\_

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

Intraoperative fluids: \_\_\_\_\_

Type: \_\_\_\_\_ Rate: \_\_\_\_\_

Diagnosis/procedure: \_\_\_\_\_

Comments: \_\_\_\_\_

## PREMEDS

Drugs used	Dose	Route	Time
1			
2			
3			

Catheter site: \_\_\_\_\_

Sedation:  None  Minimal  Good  Deep

Vomited:

Comments: \_\_\_\_\_

## INDUCTION

Agent: \_\_\_\_\_ Batch: \_\_\_\_\_

Dose drawn up: \_\_\_\_\_ Dose administered: \_\_\_\_\_

Rate of administration: \_\_\_\_\_

Quality of induction: \_\_\_\_\_

Tube size: \_\_\_\_\_ Circuit: \_\_\_\_\_

Maintenance agent: \_\_\_\_\_

Posture: \_\_\_\_\_

## EVENTS

Events ● RR ✕ HR ∨ SBP ⤴ DBP

Time	Pre-op																		
Agent																			
CRT																			
O <sub>2</sub> /min																			
ETCO <sub>2</sub>																			
SpO <sub>2</sub>																			
Temperature																			
Event No.																			
200																			
190																			
180																			
170																			
160																			
150																			
140																			
130																			
120																			
110																			
100																			
90																			
80																			
70																			
60																			
50																			
40																			
30																			
20																			
10																			
0																			

Intra-operative events: \_\_\_\_\_

## INTRA AND POST OP

Drugs used	Dose	Route	Time
1			
2			
3			
4			

## TIMES

Times	Anaesthetic	Surgery
Start time		
Finish time		
TOTAL		
TIME TO STANDING		

Chart completed: \_\_\_\_\_ Date: \_\_\_\_\_