

Patient: _____

Skull Type:

Occlusion:

Age	Temp	Weight		Fasted Yes No
MM	Pulse	GPE		Chest X-rays Yes No
Pre-anesthetic Work-up	Date	normal	abnormal	
CBC				
Chemistry				
Urinalysis				
ECG				
Other				

Condition Codes:

- C1 = Healthy
- C2 = Mild disease
- C3 = Severe disease but basically healthy
- C4 = Anesthetic or surgical risk

Pre-operative assessment: _____

Fluid Therapy: Catheter size/type: _____ Fluid type: _____

Maintenance rate (ml/hr): _____ Drip Size: _____ Drip Rate: _____

Pre-Induction Bolus: _____ Given: Total fluids given: _____

Pre Anesthetic Drugs			Pre-Med Results		Induction Drugs		
Drug	Dose	Route/Time	Sedation	Resistance	Drug	Dose	Route/Time
a)			none		a)		
b)			slight		b)		
c)			moderate		c)		
d)			severe		Maintenance:		
System: Bain <input type="radio"/> Circle <input type="radio"/> Tube Size (mm): _____ Cuffed <input type="radio"/>					sPO ₂ Monitor <input type="radio"/>		
Pre Induction Oxygen <input type="radio"/>					ECG Monitor <input type="radio"/>		
Thermal Support <input type="radio"/>					Respiratory Monitor <input type="radio"/>		
Other _____					Thermal Monitor <input type="radio"/>		
Blocks		Agent:					
		infraorbital	caudal mandible	middle mental	other		
Right							
Left							
Notes:							
<input type="radio"/> P1 = Normal recovery <input type="radio"/> P3 = Extreme vocalization, convulsion, vomiting				<input type="radio"/> P2 = Vocalization, excitement, paddling <input type="radio"/> P4 = Cardiac or respiratory arrest or died on table.			

ANESTHETIC RECORD

Date _____