

# SURGICAL ANESTHESIA MONITORING FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Procedure: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Phone Number: \_\_\_\_\_

Client Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Weight: \_\_\_\_\_ Anesthesia Technician: \_\_\_\_\_

Recovery Technician: \_\_\_\_\_

Medical Alert Information:

Anesthesia	Drug	Amount	Route	Time	Initials
Pre-medication					
1.					
2.					
3.					
4.					
Induction					
1.					
2.					
Maintenance					
1.					
Reversal					
1.					

System: Rebreather/Non-Rebreather

ET Size:

Bag Size:

MONITORING					
Time					
HR					
Temp					
RR					
MM/CRT					
SPO2					
Iso %					
O2 Flow Rate					
Thermal Support					

TIME:

Intubation Time:  
Surgery Stop:

Anesthesia Start:  
Anesthesia Stop:

Surgery Start:  
Extubation Time:

RECOVERY						
Time						
HR						
Temp						
RR						
MM/CRT						
Thermal Support						
Sternal						
Ambulatory						
Initials						

Surgical Notes:

Emergency Drugs Used (if any):

Additional Procedures/Treatments (vaccines, test, etc.):

Take Home Medications/Special Care:

Initials/Signature: