

<b>M</b> 1	2	<b>C</b> 1	2	ANESTHETIC:	PRE-MEDICATION:
<b>D</b> 3	4	<b>R</b> 3	4	GEN MAC EPI SP BB OTHER LOC	
SURGEON:		DIAGNOSIS:		PROCEDURE:	
DATE:		<input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT		 AN24	

CARDIAC	BP	RESPIRATORY	NEUROLOGIC	ARM POSITIONING	POSITIONS	SPECIAL NOTES
EKG LEAD: <input type="checkbox"/> CVP Internal Jugular: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> PA cath <input type="checkbox"/> Subclavian <input type="checkbox"/> Other: <input type="checkbox"/> TEE <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Cardiac Output <input type="checkbox"/> Pre Cordial Doppler	<input type="checkbox"/> Non-Invasive <input type="checkbox"/> Automatic LEFT RIGHT <input type="checkbox"/> Med Wave LEFT RIGHT <input type="checkbox"/> Invasive (Arterial) <input type="checkbox"/> Radial LEFT RIGHT <input type="checkbox"/> Femoral LEFT RIGHT <input type="checkbox"/> Other: LEFT RIGHT	<input type="checkbox"/> O <sub>2</sub> analyzer <input type="checkbox"/> Spirometer <input type="checkbox"/> Capnometry <input type="checkbox"/> Pulse oximetry STETHOSCOPE: <input type="checkbox"/> Precordial <input type="checkbox"/> Esophageal ANESTHETIC GAS MONITOR: <input type="checkbox"/> Infrared <input type="checkbox"/> Other	<input type="checkbox"/> Peripheral Nerve Stimulator <input type="checkbox"/> Spinal Drainage <input type="checkbox"/> EEG <input type="checkbox"/> BIS <input type="checkbox"/> SSEP <input type="checkbox"/> AEP <b>TEMPERATURE</b> <input type="checkbox"/> Esophageal <input type="checkbox"/> Bladder <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Axillary	Left Right on foam pad Left Right on jel pad Left Right on arm board < 90° Left Right on Allen arm board Left Right secured Left Right tucked @ side Left Right axillary roll <b>MISCELLANEOUS</b> <input type="checkbox"/> Fluid Warmer: LEFT RIGHT <input type="checkbox"/> Hot Air Blanket: <input type="checkbox"/> up <input type="checkbox"/> lower	<input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Lithotomy <input type="checkbox"/> high stirrups <input type="checkbox"/> low stirrups <input type="checkbox"/> Trendelenberg <input type="checkbox"/> Rev Trendelenberg <input type="checkbox"/> Lateral LEFT RIGHT <input type="checkbox"/> Sitting <input type="checkbox"/> Beach Chair	<input type="checkbox"/> Patient Identified <input type="checkbox"/> Machine checked NPO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Natural Teeth <input type="checkbox"/> Dentures <b>Mallinpati Classification:</b> 1 2 3 4

O <sub>2</sub> LPM	N <sub>2</sub> O LPM / AIR LPM	DES/SEVO/ISO (VOL% ET)	MIDAZOLAM MG. OR CC.	FENTANYL	PROPOFOL MG. OR CC.	IV SITE	ga.	FLUID SUMMARY
								LR CC.
								0.9 NS CC.
								Hespan CC.
								Autologous units
								PRBC's units
								Autosalvage CC.
								EBL CC.
								Urine Output CC.

ANESTHESIA BEGIN AT	TIME	PRE-INDUCTION VITAL SIGNS	INDUCTION			
<input type="radio"/> operation <input type="radio"/> BP <input type="radio"/> pulse I = Intubation X = Induction EX = Extubation T = Tourniquet PSR = Per Surgeon Request <b>Ventilator Settings</b> S = Spontaneous A = Assist C = Controlled M = Mechanical I:E: PAP: VT: RR:	<input type="checkbox"/> UNCHANGED <input type="checkbox"/> CHANGED	200 180 160 140 120 100 80 60 40	<input type="checkbox"/> IV <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input type="checkbox"/> Inhalation <input type="checkbox"/> Other <b>INTUBATION</b> <input type="checkbox"/> Oral <input type="checkbox"/> Mask <input type="checkbox"/> Nasal Left Right <input type="checkbox"/> Cuffed <input type="checkbox"/> Awake <input type="checkbox"/> Uncuffed <input type="checkbox"/> Fiberoptic <input type="checkbox"/> RAE <input type="checkbox"/> Blind <input type="checkbox"/> Wire Spiral <input type="checkbox"/> Bamboo Rod <input type="checkbox"/> Double Lumen <input type="checkbox"/> LTA <input type="checkbox"/> Laryngeal Mask SIZE: BLADE: DIFFICULTY: 0 1 2 Taped at: _____ cm LEAK _____ cm H <sub>2</sub> O <input type="checkbox"/> Bilateral Breath Sounds <input type="checkbox"/> Atraumatic <input type="checkbox"/> ETCO <sub>2</sub>			

VENTILATION	PRE-INDUCTION	AIRWAY	EYE CARE
F <sub>I</sub> O <sub>2</sub> /F <sub>E</sub> O <sub>2</sub> % SaO <sub>2</sub> % E <sub>T</sub> CO <sub>2</sub> EKG Temp°C Urine Output		<input type="checkbox"/> Oral <input type="checkbox"/> Bite Block <input type="checkbox"/> Gauze <input type="checkbox"/> Nasal: Left Right <input type="checkbox"/> None	<input type="checkbox"/> Lacrilube Left Right <input type="checkbox"/> Taped shut Left Right
		<b>MONITORED ANESTHESIA CARE</b> <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Mask	<b>PACU NOTE</b> ANESTHESIA END TIME:

MD SIGN-IN: \_\_\_\_\_

TIME/EVENT: \_\_\_\_\_

BP: \_\_\_\_\_ R: \_\_\_\_\_

P: \_\_\_\_\_ SaO<sub>2</sub> \_\_\_\_\_

Awake  Spontaneous  
 Responsive  Ventilated  
 Drowsy  Intubated  
 Head Lift >= Sec.  Extubated

PROVIDED POST-OP CARE