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University at Buffalo
The State University of New York

COMPARATIVE MEDICINE & LABORATORY ANIMAL FACILITIES

ANESTHESIA MONITORING/SURGERY/POST-OPERATIVE REPORT

Emergency Contact: _____ **Emergency Phone #:** _____ **Email:** _____

Date: _____ Animal ID: _____ Species: _____ Sex: _____ Wt.:_____ Animal Holding Room #_____

Principal Investigator: _____ IACUC Protocol #: _____

Procedure Performed: _____

Pre-anesthetics				**Induction and Maintenance**			
Drug	Dose (mg/kg)	Route	Time	Drug	Dose (mg/kg)	Route	Time

Method of ventilation (circle one): Spontaneous Mechanical

1st Hr.

Time/10'	HR	RR	CMM	CRT	BT	% Gas	BP	SpO_2	$ETCO_2$	Reflexes	Comments/Drugs Given

2nd Hr.

Time/10'	HR	RR	CMM	CRT	BT	% Gas	BP	SpO_2	$ETCO_2$	Reflexes	Comments/Drugs Given

3rd Hr.

Time/10'	HR	RR	CMM	CRT	BT	% Gas	BP	SpO_2	$ETCO_2$	Reflexes	Comments/Drugs Given

4th Hr.

Time/10'	HR	RR	CMM	CRT	BT	% Gas	BP	SpO_2	$ETCO_2$	Reflexes	Comments/Drugs Given

HR=Heart Rate; **RR**=Respiratory Rate; **CMM**=Color of Mucous Membranes; **CRT**=Capillary Refill Time; **BT**=Body Temperature; **% Gas**=Conc. of Isoflurane; **BP**=Blood Pressure; **SpO_2**=oxygen saturation; **ETCO2** = End Tidal CO_2; **Reflexes**=Withdrawal, jaw tone, palpebral reflexes.

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Duration of Procedure: _____ Volume, type, route of fluid administration: _____

Analgesics administered before, during, or after the procedure, including topical anesthetics:

Drug: _____ Dose (mg/kg): _____ Route: _____ Time: _____

Drug: _____ Dose (mg/kg): _____ Route: _____ Time: _____

Drug: _____ Dose (mg/kg): _____ Route: _____ Time: _____

Drug: _____ Dose (mg/kg): _____ Route: _____ Time: _____

Drug: _____ Dose (mg/kg): _____ Route: _____ Time: _____

Are any additional post-operative analgesics or medications required in your IACUC protocol? ☐ Yes ☐ No

Who will give them? ☐ PI Staff ☐ LAF Staff – MUST be requested in advance at veterinarytechnician@buffalo.edu

Drug: _____ Dose (mg/kg): _____ Route: _____ Frequency: _____ Duration: _____

Drug: _____ Dose (mg/kg): _____ Route: _____ Frequency: _____ Duration: _____

Drug: _____ Dose (mg/kg): _____ Route: _____ Frequency: _____ Duration: _____

Condition post procedure: ☐ Good ☐ Fair ☐ Poor

☐ Euthanized Method of euthanasia (drug, dose, route):_____

Surgeons and Assistants: _____

Post-Operative Attendant: _____

POST-OP MONITORING:

Time/15'	HR	RR	CMM	CRT	BT	Comments/Drugs Given