ANESTHESIA RECORD

McLAREN THUMB REGION

DATE ______________ PAGE ___ OF ___ PAGES SURGEON ______________

PROCEDURE ____

PRE-PROCEDURE

☐ Identified: ☐ ID Band ☐ Questioning
☐ Chart Reviewed ☐ Permit Signed
☐ NPO Since ________
☐ Allergies ____________

Pre-anesthetic State: ☐ Calm
☐ Awake ☐ Asleep
☐ Apprehensive ☐ Confused
☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY

☐ Anes. Machine #________ Checked
☐ Safety Belt On ☐ Axillary Roll
☐ Armboard Restraints ☐ Arms Tucked
☐ Pressure points checked & padded
☐ **Eye Care:** ☐ Ointment ☐ Taped

MONITORS AND EQUIPMENT

☐ Steth: ☐ Precorded ☐ Esoph
☐ Non-Invasive B/P ☐ Left ☐ Right
☐ Continuous EKG
☐ Pulse Oximeter ☐ Oxygen Sensor
☐ End Tital CO2 ☐ Gas Analyzer
☐ Temp. ________ ☐ Nerve Stimulator
☐ Warming Blanket ☐ Temp. ________
☐ Airway Humidifier ☐ Fluid Warmer
☐ NG/OG Tube ____________
☐ ART Line ____________
☐ CVP ____________
☐ IV(S) ____________
☐ ____________
☐ ____________

ANESTHETIC TECHNIQUE

GENERAL: ☐ Pre-Oxygenation ☐ L.T.A.
☐ Rapid Sequences ☐ Cricoid Pressure
☐ I.M. ☐ Inhalation ☐ I.V.
REGIONAL: ☐ Spinal ☐ Epidural
☐ Axillary ☐ Bier Block ☐ Ankle Block
☐ ____________ ☐ Position ____
☐ Prep ____________ ☐ Local ____
☐ Drug(s) ____________
☐ Dose ____________
☐ Needle ________ ☐ Attempts x ___
☐ Redirections ____________
☐ Parasthesias ____________
☐ Catheter ________ ☐ See Remarks
OTHER: ☐ M.A.C. ☐ ________

AIRWAY MANAGEMENT

INTUBATION: ☐ Oral Tube Size ____
☐ Stylet used ☐ Nasal ☐ Magill's
☐ Direct ☐ Fiber optic ☐ Blind
☐ Secured at ______ cm
☐ Blade __________ ☐ Laser
☐ Attempts x ____ ☐ ET CO_2 present
☐ Breath sounds ____________
☐ Cuffed ______cc air

AIRWAY: ☐ Oral ☐ Nasal ☐ Difficult
CIRCUIT: ☐ Circle ☐ NRB See Remarks
☐ Mask Case ☐ Nasal Cannula
☐ Via Tracheostomy ☐ Simple O_2 mask

	START	STOP
Anesthesia		
Procedure		

RECOVERY

Location		Time
B/P		O_2 Sat.
P	R	T

☐ Awake ☐ Stable ☐ Nasal Oxygen
☐ Drowsy ☐ Unstable ☐ Mask Oxygen
☐ Somnolent ☐ Intubated ☐ T-piece Oxygen
☐ Unarousable ☐ Ventilator ☐ Oral/nasal airway

TIME:

AGENTS

		TOTALS
Oxygen (L/min)		
☐ N_2O ☐ Air (L/in)		
(%)		

FLUIDS

MONITORS

- Urine (ml)
- EBL (ml)
- EKG
- % O_2 Inspired (FIO_2)
- O_2 Saturation (SaO_2)
- End Tidal CO_2
- Temp.: ☐ °C ☐ °F

VITAL SIGNS

Baseline Values

	Scale
HT	220
WT	200
HMG	180
HCT	160
B/P	140
P	120
R	100
T	80
	60
	40
	20

SYMBOLS

- X — ANESTHESIA
- ○ — OPERATION
- ∧ ∨ — B/P CUFF PRESSURE
- ╪ — ARTERIAL LINE PRESSURE
- • — PULSE
- ○ — SPONTANEOUS RESP.
- ∅ — ASSISTED RESP.
- ⊗ — CONTROLLED RESP.
- T — TOURNIQUET

____m m H g

RL RA LL LA

— — — —

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— — — —

VENT

- Tidal Volume
- Resp. Rate
- Peak Pressure
- PEEP

Symbols for Remarks

Position

Anesthesia Provider(s) CRNA ____________ MD ____________

REMARKS

CLEMCO PRINTING – BAD AXE; G5; 11/10

ANESTHESIA REMARKS CONTINUED:

POST-ANESTHETIC FOLLOW-UP RECORD

DATE/TIME			
STATE OF CONSCIOUSNESS:			
Alert and oriented			
Easily arousable			
Responding to stimuli			
Unconscious			
CARDIO-VASCULAR SYSTEM:			
Blood Pressure:	Satisfactory		
	Unsatisfactory		
Arrhythmia:	Yes		
	No		
RESPIRATORY SYSTEM:			
Ventilation:	Adequate		
	Inadequate		
SKIN COLOR:			
	Normal		
	Cyanotic		
OTHER FINDINGS:			
Headache:	Yes		
	No		
AMBULATION:			
	Yes		
	No		
APPARENT ANESTHESIA COMPLICATIONS:			
	Yes		
	No		
Signature of Examiner			