McLaren
CARO REGION

ANESTHESIA RECORD

DATE	PAGE ____ OF ___	ASA 1 2 3	OR RM #
Antibiotic ____ IV	Start ____ Stop ____		
☐ No Pre-Op Antibiotic Ordered			

ANESTHESIA TECHNIQUE
GA REGIONAL MAC

ANES START ____ ANES STOP ____

CRNA ____ (signature) Anesthesiologist ____ (signature)

Diagnosis ____

Procedure ____

PRE-OP CHECKS
☐ Pt Identified ☐ Time-out
☐ Chart Reviewed
☐ Monitors on ☐ Alarms On
☐ Machine check prior to use
☐ Suction checked prior to use
☐ Pressure points padded
☐ Arms secured ☐ <90° to Body

MONITORS
☐ EKG ☐ Temp
☐ B/P Cuff ☐ Humidifier
☐ Pulse Oximeter Audible ☐ Nerve Stim
☐ ET CO_2 ☐ Foley
☐ Gas Analyzer ☐ Bair Hugger
Steth ☐ Precordial Eyes ☐ Tape
☐ Esoph ☐ Lube

AIRWAY MANAGEMENT ☐ Oral airway ☐ Nasal R/L
☐ Pre-oxygenated ☐ NC ☐ Mask ☐ 2% Xylo. Jelly or Surgilube
☐ LMA size ____ Vol ____
☐ ET size ____ lipline ____ ☐ BBSE
MP ____ ☐ uncuff ☐ cuff ☐ Dentition unchanged
☐ ET CO_2 present ☐ RSI ☐ Cricoid
☐ MAC ____ ☐ Miller ____ ☐ Stylet
DVL ____ Attempts ☐ Atraumatic

POSITION
☐ Supine
☐ Prone
☐ Beach Chair
☐ Lateral L R
☐ Litho
☐ Jackknife
☐ Other ____

MONITORING TIME — **TOTALS**

O_2 L/MIN										
N_2O L/MIN										
FOR / DES / SEVO										
PROP (mg)										
FENT (µg)										
Versed (mg)										
EKG										
FIO_2										
SPO_2										
$ETCO_2$										
TEMP S/E										
V_T/Resp/PIP										
EBL / u/o										
IVF										

Baseline Values
Sa O_2 ____
BP ____
HR ____
R ____

220 200 180 160 140 120 100 80 60 40 20

REGIONAL START ____ STOP ____
☐ ISB ☐ Ankle ☐ Peribulbar Block ☐ SAB
☐ Femoral ☐ Bier Block ☐ Ultrasound Guided
☐ Auxiliary Block ☐ Other ____
☐ Post-Operative Pain Block per Surgeon Request
Position ____ Prep ____
Local ____ Site ____ Needle ____
Attempts ____ Paresthesia ____ Level ____
Drug/Dose ____
signature

Remarks

☐ All Extubation Criteria Met

Post Anesthesia Assessment given to PACU / OR Nurse
@ ____ RA/O2 at ____ L/M
SaO_2 ____ B/P ____
HR ____ R ____ T ____
Total Fluids ____ ml
Mental: Awake Oriented
Arousable Asleep

Discharge Evaluation Note

Vital signs in patient's normal range	☐ yes	☐ no
Respiratory function stable; airway patent	☐ yes	☐ no
Cardiovascular function and hydration status stable	☐ yes	☐ no
Mental status recovered: patient participates in evaluation	☐ yes	☐ no
Pain control satisfactory	☐ yes	☐ no
Nausea and vomiting control satisfactory	☐ yes	☐ no

Comments ____

Evaluator Signature ____ MD/DO/CRNA Date/Time ____

☐ Anesthesiologist present during induction & emergence, & intervals during General Anesthesia

signature

PT.
MR.#/RM.
DR.