McLAREN FLINT

OPS 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	MONITORS	AIRWAY MANAGEMENT	POSITION
☐ Pt Identified ☐ Time-out	☐ EKG ☐ Temp	☐ Oral airway ☐ Nasal R/L	☐ Supine
☐ Chart Reviewed	☐ B/P Cuff ☐ Humidifier	☐ Pre-oxygenated ☐ NC ☐ Mask ☐ 2% Xylo. Jelly or Surgilube	☐ Prone
☐ Monitors on ☐ Alarms On	☐ Pulse Oximeter Audible ☐ Nerve Stim	☐ LMA size _____ Vol _____	☐ Beach Chair
☐ Machine check prior to use	☐ ET CO_2 ☐ Foley	☐ ET size _____ lipline _____ ☐ BBSE	☐ Lateral L R
☐ Suction checked prior to use	☐ Gas Analyzer ☐ Bair Hugger	MP _____ ☐ uncuff ☐ cuff ☐ Dentition unchanged	☐ Litho
☐ Pressure points padded	Steth ☐ Precordial Eyes ☐ Tape	☐ ET CO_2 present ☐ RSI ☐ Cricoid	☐ Jackknife
☐ Arms secured ☐ <90° to Body	☐ Esoph ☐ Lube	☐ MAC _____ ☐ Miller _____ ☐ Stylet	☐ Other _____
		DVL _____ Attempts ☐ Atraumatic	

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.