McLaren Flint • Flint, Michigan 48532

Date

month | day | year

O.R. #:

ASA: 1 2 3 E 4 5 6

- ☐ Hand Hygiene Performance
- ☐ Time out
- ☐ Identified
- ☐ Chart Reviewed
- ☐ Permit Signed

PATIENT SAFETY

Anes. Machine #
- ☐ Safety belt on
- ☐ Armboard restraints
- ☐ Presure pts. checked & padded
- ☐ Checked
- ☐ Axillary roll
- ☐ Arms tucked

Eye Care:
- ☐ Taped
- ☐ Saline
- ☐ Ointment
- ☐ Pads
- ☐ Goggles

Warming measures:
- ☐ N/A: time <60
- ☐ Intentional hypothermia (eg cardiac)
- ☐ N-W: temp >36 or warming measures
- ☐ Fluid
- ☐ Forced air
- ☐ Blankets
- ☐ Head cover

Transesophageal Echocardiography:
- ☐ TEE Placement only
- ☐ TEE Placement w/Interp
- ☐ TEE Interpretation only

Diagnostic Purpose:

PREOP MEDICATIONS

☐ **BETA BLOCKER PROTOCOL**

LINES	Location:	Start:	Stop:
IV	☐ _____	Start: _____	Stop: _____
A-line	☐ _____	Start: _____	Stop: _____
CVC	☐ _____	Start: _____	Stop: _____
Swan	☐ _____	Start: _____	Stop: _____

CVC sterile technique: ☐ Cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics)

- ☐ US Guidance - Needle Visualized
- ☐ USG Images in chart
- ☐ Time Out/Site Verified
- ☐ Provider # _____

Patient Label

Anesthesia Type: ☐General ☐Regional ☐MAC

Anes Start	Induction	Anes Stop
Surgery Start	Surgery Stop	

SURGEONS

DIAGNOSES

PROCEDURES

INDUCTION
- ☐ Preoxygenation
- ☐ IV Induction
  - ☐ Rapid seq
  - ☐ Cricoid press
- ☐ Inhal induct

AIRWAY MGMT
- ☐ Oxygen: nasal / mask
- ☐ Airway: oral / nasal

Circuit:
- ☐ HME
- ☐ SCCA Adult
- ☐ SCCA Pediatric
- ☐ Mapleson

Other:
- ☐ Mask GA
- ☐ LMA # _____
- ☐ Intubation

Blade: _____

Tube Size: _____

Attempts: _____

Laryngoscopy Grade: 1 2 3 4

Secured @_____cm

- ☐ Oral ☐ Nasal
- ☐ Direct ☐ Blind
- ☐ RAE ☐ Fiberoptic
- ☐ Uncuffed ☐ Cuffed
- ☐ Leak @ _____cmH_2O
- ☐ Cuff to Seal
- ☐ BS Equal bilateral
- ☐ EtCO2 present
- ☐ Difficult airway
- ☐ see REMARKS

REGIONAL
- ☐ Spiral
- ☐ Epidural
- ☐ Branch plexus block
- ☐ IV regional
- ☐ Other _____
- ☐ Continuous block
- ☐ For post-op pain only
- ☐ at Surgeon's request
- ☐ Ultrasound guided

Start: _____

Stop: _____

Position: _____

- ☐ Sterile prep & technique

Site: _____

Needle: _____

Attempts: _____

Drug/Dose: _____

Level: _____

See Block Record: _____

- ☐ Catheter
- ☐ Parasthesias Yes No
- ☐ CSF clear Free flow

MEDICATIONS

Oxygen														(l/m)
☐ N2O ☐ AIR														(l/m)
☐ SEVO ☐ ISO ☐ DES														E(%)
☐ Propofol ☐ Etomidate														(mg)
Succinylcholine														(mg)
Rocuronium/Cisatracurium														(mg)
Lidocaine														(mg)
Midazolam														(mg)
Fentanyl														(mg)
														(mcg)

TOTALS

VITALS

Time:

Preinduction Vitals:
- B/P: _____
- HR: _____
- RR: _____
- SpO2%: _____

Position:
- ☐ Supine
- ☐ Prone
- ☐ R/L Lateral
- ☐ Beach Chair
- ☐ Lithotomy

- ☐ Left Uterine Displacement
- ☐ NIBP
- ☐ A-Line
  - ☐ New ☐ Existing

180 160 140 120 100 80 70 60 40 30 20

MONITORS

☐ ECG	Rhythm
☐ O_2mon	FIO_2
☐ Pulse ox	SpO_2
☐ Capno	$EICO_2$
☐ Steth	Resp
☐ Spirom	Vt
☐	PIP
☐ Temp	°C
☐ NMB	
CVP	mmHg
PAP	mmHg
CO/SVO2	(L/min)/(%)

FLUID

NS	(cc)
LR	(cc)
Blood products	
EBL	(cc)

REMARKS

IV ANTIBIOTIC(S)

Drug/Dose: _____

Time: _____

Drug/Dose: _____

Time: _____

Redose: _____

- ☐ Not Indicated
- ☐ Correct Abx Confirmed
- ☐ Not Given:
  - ☐ 1P (on abx)
  - ☐ 8P (ordered after incision)

TOTAL FLUIDS

Crystalloid	_____	cc
Colloid	_____	cc
Blood	_____	cc
EBL	_____	cc
Urine	_____	cc

Post OP

Time In: _____ Date: _____

Loc: ☐ PACU ☐ ICU

☐ _____

☐ Report to RN

BP: _____

P: _____ EKG: _____

RR: _____

SpO_2: _____ Temp: _____

Oxygen delivery:
- ☐ Nasal ☐ Mask
- ☐ T-Piece
- ☐ Vent: Mode: _____

Vt: _____ FiO2: _____

Rate: _____

Airway:
- ☐ Nasal ☐ Oral
- ☐ ETT ☐ LMA
- ☐ BBS equal/exchanging well

Mental Status:
- ☐ Consc. ☐ Unconsc.
- ☐ Responds to commands
- ☐ Vocalizing ☐ Sleepy
- ☐ Reflexive

Cancelled Case:
- ☐ Before induction
- ☐ After induction

Qualifying Circumstances:
- ☐ Extreme Age
- ☐ Hypothermia
- ☐ Hypotension
- ☐ One Lung Vent.

MEDICAL DIRECTION
- ☐ Conducted preanesthesia evaluation & plan & post anesthesia care
- ☐ Present for all key portions
- ☐ Induction _____ Provider #:
- ☐ Emergence Provider #:
- ☐ Frequent monitoring Provider #:
- ☐ Present & available for emergencies

ANESTHESIOLOGIST/PROVIDER:

RESIDENT

CRNA/PROVIDER:

SRNA

RELIEF: (in/out times)

RELIEF: (in/out times)

265A

ANESTHESIA RECORD
17539 (2.20)

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