University of Medical Center
Department of Minor Surgery

Anesthesiology Short Form

CRNA/MD	DATE	PATIENT IDENTIFICATION

SURGEON	START TIME	END TIME

NPO TIME	ALLERGIES:	HT	WT	ASA STATUS 1 2 3 4 5 6 E

PROCEDURE

HISTORY PRESENT ILLNESS

PAST MEDICAL HISTORY

PAST SURG HISTORY (DATE / PROCEDURE / ANESTHETIC OUTCOME)

HISTORY OF FAMILIAL ANESTHETIC DIFFICULTY (MH AND / OR PSEUDOCHOLINESTERASE)

MEDIKATIONS

1.	4.	7.
2.	5.	8.
3.	6.	9.

PHYSICAL EXAM

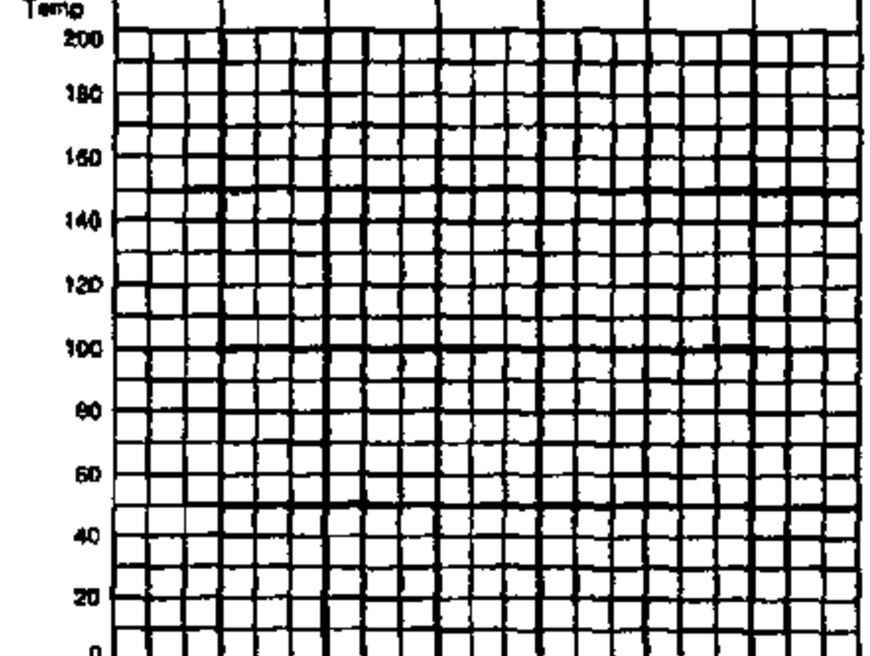
PLAN: I'VE DISCUSSED THE FOLLOWING WITH THE PATIENT OR FAMILY AND THEY ACCEPT THE RISK/BENEFITS OF THE FOLLOWING: GENERAL ANESTHESIA, REGIONAL ANESTHESIA, SEDATION, BLOOD PRODUCTS, DENTAL INJURY

ANESTHETIC AGENTS (TIME)							TOTALS
O_2 / AIR / N_2O							
	ECG						
	SaO_2						
	$ETCO_2$						
	Temp						

REMARKS:

Pre-op V.S.
BP _____
HR _____
SAO_2 _____

X anesth.
● operation
X BP
• P
⇕ Intra-art
RESP
O spont
● assisted
● controlled
T *tourn*
S suction
X mean BP



Fluids _____ Totals