

ANESTHESIA RECORD

NAME	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ASA Status	OR #
SURGEON	DATE	PAGE _____ OF _____		
DIAGNOSIS				
PROCEDURE				

ANESTHETIC TYPE <input type="checkbox"/> MAC <input type="checkbox"/> Bier Block <input type="checkbox"/> STAT Intubation <input type="checkbox"/> General <input type="checkbox"/> Pain Block <input type="checkbox"/> Other _____ <input type="checkbox"/> Spinal <input type="checkbox"/> Pain Rounds <input type="checkbox"/> Epidural <input type="checkbox"/> Consult	ANTIBIOTIC GIVEN: START Time _____ END Time _____ <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF ANTIBIOTIC(S): _____
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PATIENT IDENTIFICATION

_____ I have reviewed patient status immediately prior to surgery, and agree with pre operative assessment and plan.

_____ I was present for induction, key portions of the procedure, and emergence; and immediately available throughout procedure.

_____ I assumed primary responsibility for the anesthetic at _____ and was present for the remaining key portions of the procedure and emergence; and immediately available for the remainder of the procedure.

Anesth Start	Induction	Anesth Ready	Surg Start	Surg End	Anesth End	MD #1	MD #2	CRNA
HT: _____	WT: _____	TIME: _____	← CONCURRENCY RATIO					

INHALATION AGTS	OXYGEN	N ₂ O	TOTAL	CONCURRENCY RATIO																		
EPID / SPINAL AGENTS																						
ALLERGIES	IV AGENTS																					
LINES		IV FLUIDS																				
MISC.			MONITORS																			

BP AUTO A-LINE

STETH PRECORD ESOPH

ANATOMICAL LOCATION OF LINES

IS = In Situ DH = Dorsum Hand
 L = Left AC = Antecubital
 R = Right IJ = Internal Jugular
 W = Wrist EJ = External Jugular
 FA = Forearms SC = Subclavian

EVENT SYMBOLS

BP Cuff A-Line Suction
 Start Anesth Intubation Pulse
 End Anesth Extubation Start-Op
 End-Op
 Tourniquet (UP) Tourniquet (DOWN)

VENTILATION

Spont (SV) Mech. Vent (MV)
 Assisted (AV) PEEP (PP)
 Controlled Vent (CV)

POSITIONS

Sitting (ST)
 Supine (SU) Lithotomy (LT)
 Prone (PR) R lateral (RL)
 Trendelenberg (TB) L lateral (LL)
 Reverse TR (RT) Kidney Rest (KR)

B A S E L I N E	220																
	200																
	180																
	160																
	140																
120																	
100																	
80																	
60																	
40																	

TIME	Hb/Hct	pH	PO ₂	PCO ₂	Na	K	Gluc	EVENTS	TYPE	TV	RATE	PIP	POSITION	MD	ATTENDING
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REGIONAL BLOCK: Position: <input type="checkbox"/> Sitting <input type="checkbox"/> Lateral <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Sterile Prep/Drape CSF <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Epid: loss of resistance, Tuohy _____ g Heme <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Test Dose _____ Cath _____ cm Paresth <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spinal: Whitacre _____ g Other _____	TRANSPORT: <input type="checkbox"/> N/C <input type="checkbox"/> ECG <input type="checkbox"/> FM <input type="checkbox"/> O ₂ Sat <input type="checkbox"/> ETT <input type="checkbox"/> A-Line	PACU Arr Time _____ O ₂ Sat _____ BP _____ Pulse _____ RR _____ Temp _____ Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> N/C _____ l/m <input type="checkbox"/> ETT <input type="checkbox"/> T-Bar <input type="checkbox"/> Vent <input type="checkbox"/> FM _____ % <input type="checkbox"/> TV <input type="checkbox"/> Rate _____ <input type="checkbox"/> FIO ₂ _____	WHITE = Medical Records YELLOW = Billing Anesthesia Record Rev. 10/05
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