

Anesthetic Monitoring Chart



Patient Information

Date: / /	Owner Consent: Y N
Owner Name / Contact Number:	DNR CPR
Patient ID:	
Species/Breed:	Age:
Weight: kg/lb	Sex: M MN F FS
Doctor/Anesthetist:	
Blood Work Reviewed: Y N	ASA: I II III IV V E
Current Medications:	
Procedure:	
Anesthetic Concerns:	

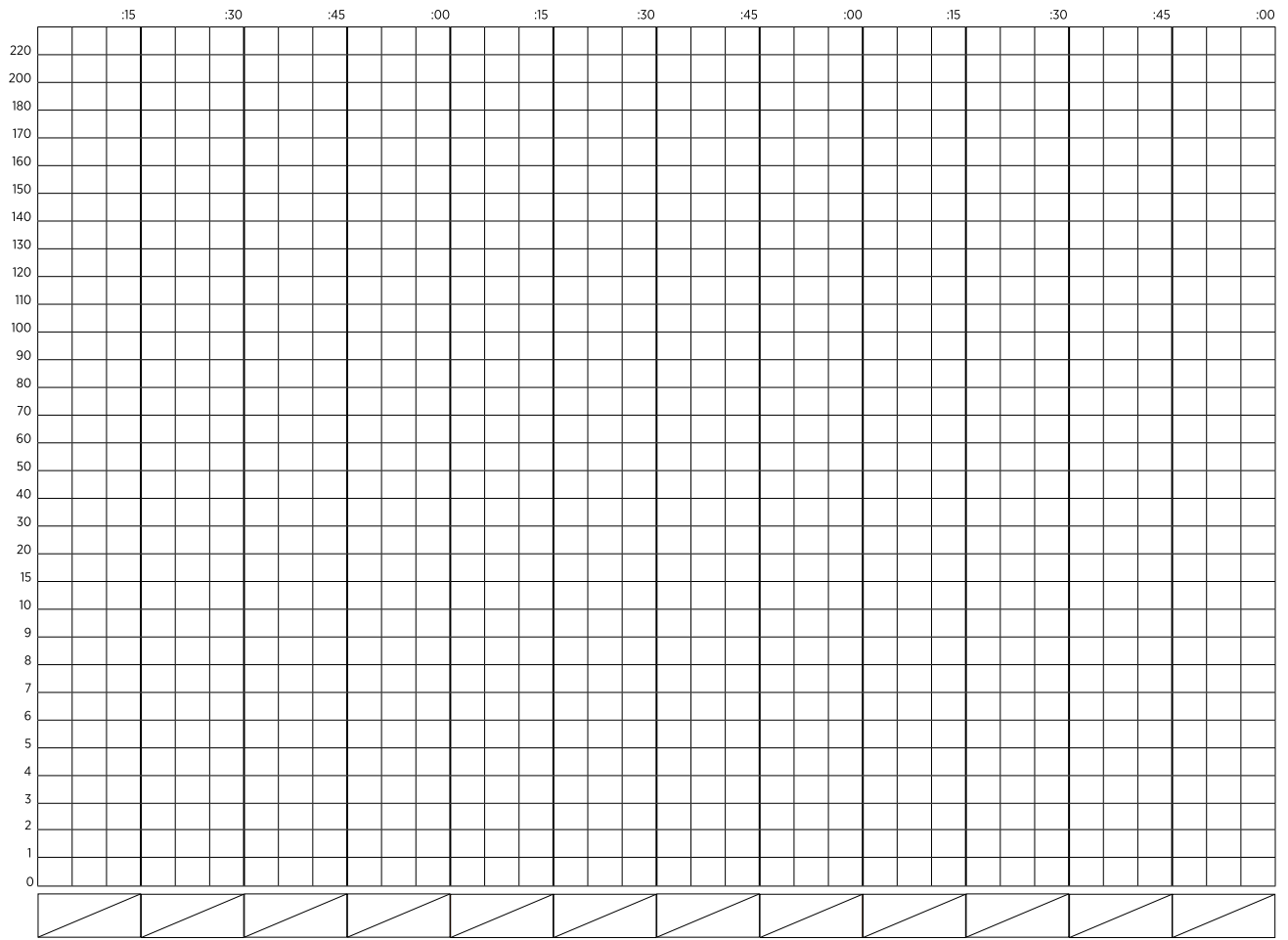
Anesthetic Plan

Premedication Drug/Concentration	Dose			Route	Time
	(mg/kg)	mg	mL		
Premed effect: None Mild Moderate Marked				Cath. Size/Site: L R	
Induction Drug/Concentration	Dose			Route	Time
	(mg/kg)	mg	mL		
Circuit: Circle Non-Rebreathing ET Tube Size:			Difficult intubation: Y N		
Peri-Op Analgesia Plan	Technique (CRI/Local)	Dose	Route	Time	

Comments:

Events

- Key:
- A Anesthesia Start
 - Anesthesia End
 - O Operation Start
 - ∅ Operation End
 - X Extubation
 - . HR
 - o RR
 - ∨ SAP mmHg
 - ^ DAP mmHg
 - MAP mmHg
 - ▲ SpO₂%
 - T Temp
 - EtCO₂
 - Warming Device
 - ON OFF
 - % Maintenance Agent
 - * Oxygen Flow Rate (L/min)



Fluids _____
Rates _____

Intra-Op Event #	Description	Action/Drug (Dose, Route)	Totals		
			Fluids:	mL	
			Fluids:	mL	
			Sx. Time:		
			Anes. Time:		
Post-op Pain Score	Quality of Recovery	Post-Op Analgesia/Sedation	Dose (mg)	Route	Time
/	Good Prolonged Dysphoric Other _____				