ANESTHESIA RECORD

Page #

PATIENT: _____ DOB: DATE:

Patient seen, examined, chart reviewed immediately prior to administration of anesthesia ❑

Ht: Wt: Past Medical History: Past Surgical History:	NPO: **ALLERGIES**:	MEDICATIONS:	PHYSICAL: Mallampati 1 2 3 4 Dentition: Heart: Lungs:	NIBP Cuff: R ❑ L❑ EKG ❑ Pulse Ox ❑ Et CO2 ❑ Other:	ASA: 1 2 3 4 5 6 ❑ MAC ❑ GA ❑ Regional, see next page IV:

Anes Start: End: Surg Start: End: Diagnosis:

Time out:

Surgeon and Anesthesiologist concur with the procedure: ❑ Procedure:

Time/Hr																																		
O_2/N_2O L/M																																		
Sevo/Iso %																																		
Propofol (mg)																																		
Versed (mg)																																		
Fentanyl (mcg)																																		
Labetalol (mg)																																		
Abx:																																		
Roc (mg)																																		
Zofran (mg)																																		
Decadron (mg)																																		
Ketorolac (mg)																																		
X-loids (ml)																																		
FIO2																																		
SPO2																																		
ETCO2																																		
ECG																																		
200																																		
180																																		
160																																		
140																																		
120																																		
100																																		
80																																		
60																																		
40																																		
20																																		

❑oral airway# ❑nasal airwayFr# ❑LMA# ❑ETT# ❑Laryngoscope: Induction: ❑ IV or ❑ inhalation

❑Easy AW/Vent ❑BBS/CO2 ❑PPP ❑Eyes taped ❑Warmer ❑SCDS ❑Suctioned ❑Extubated w/o complication

❑accompanied to PACU ❑Uneventful operative course ❑Uneventful post-operative course

POST-ANESTHESIA: ❑A&Ox3 ❑Stable Cardiovascular Status ❑Ambulate without dizziness ❑Escorted

SURGEON: _____ ANESTHESIOLOGIST _____ CRNA_____

SIGNATURE: _____ _____