SURGERY AND ANESTHESIA FORM

This form is provided by the Liberty University Institutional Animal Care and Use Committee (IACUC) for use by investigators who have survival surgery in their IACUC-approved protocols. It was designed particularly for use with mammals, and especially for use with species covered by the Animal Welfare Act (AWA) regulations. The form may be used as is or modified to be more useful to a particular research program. If you choose to modify the form, it is critical that the following elements be retained:

* Protocol number
* Pre-anesthetic medications section
* Anesthesia specifications
* Post-op medications section
* Anesthetic monitoring section
* Procedure description section
* Immediate post-operative (i.e., day of surgery) monitoring section

The record is to be completed contemporaneously with the activities and be retained with the clinical or research records, as applicable. Do not leave items blank (e.g., for non-applicable items, put N/A or line them out). Surgical records are subject to on-the-spot review.

SURGERY AND ANESTHETIC RECORD

*(Injectable or Inhalation Anesthesia)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | | |
| **Protocol #:** | | **Date:** | | **PI:** |
| **Procedure:** | | | **Surgeon:** | |
| **Start:** | **Finish:** | | **Anesthetist:** | |
| **Animal/Cage ID:** | | **Species:** | | **Weight** *(kg/lb)***:** |
| **Sex/Gender:** | | **Comments:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRE-OPERATIVE ANESTHETICS, ANALGESICS, & PROCEDURES** | | | |
| DRUG | DOSE\* | ROUTE | TIME |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Intubated?**  No  Yes *(time extubated*): | | | |
| **Ventilator?**  No  Yes | | | |
| **Anesthetic gas type:** | | | |
| **Returned to cage** *(time)*: | | | |
| **Comments/Notes:** | | | |

**Note:** *Dose should be total mg, or mg/kg.*

|  |  |  |  |
| --- | --- | --- | --- |
| **POST-OPERATIVE ANESTHETICS, ANALGESICS, & MEDICATIONS** | | | |
| DRUG | DOSE\* | ROUTE | TIME |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Comments/Notes:** | | | |

**Note:** *Dose should be total mg, or mg/kg.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANESTHESIA MAINTENANCE** | | | | | | | | | |
| Fill in table where applicable; add categories as needed. Depth/maintenance should be recorded every 15 to 30 minutes, or as approved in the IACUC protocol. | | | | | | | | | |
| Time | HR ♥ | Temp. | Resp. | Gas % | O2/L | Color | Fluids (ml) |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **DESCRIPTION OF OPERATIONAL PROCEDURES & DAY OF SURGERY NOTES** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POST-OP RECOVERY RECORD** | | | | | |
| Record information every 15-30 minutes until fully recovered *(ANIMAL SHOULD BE STERNAL OR STANDING, HOLDING HEAD UP, AND RESPONSIVE TO STIMULATION).* | | | | | |
| **Time** | **Respiration** | **Color** | **Sedation\*** | **Comments** | **Initials** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Sedation Levels:**

1: Alert, responsive, moving around

2: Alert, responsive, not active

3: Eyes open, responsive, groggy

4: Eyes closed, non-responsive, heavily sedated