

SAMPLE ANESTHETIC MONITORING FORM TEMPLATE

Client ID:				Patient ID:						
Date:				Species:		Breed:				
Veterinarian:				Age:		Sex:				
Veterinary Technician:				Weight:						
Procedure:				Pre-op BW:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Pre-surgical Examination Notes										
Pre-op Status:				Post-op Status:						
Intravenous Fluids										
Catheter size:				Location:						
Fluid type:				Maintenance rate: ml/hr						
Surgery rate: ml/hr				Total received: mls						
Start fluids:				End fluids:						
Pre-Anesthetic Drugs										
Drug	Strength	Dose	Route	Time						
Anesthetic Induction										
Drug	Strength	Dose	Route	Time						
Anesthetic Maintenance										
Agent used	Dose or concentration	Delivery method	ET Tube Size	Cuffed						
				Y	<input type="checkbox"/>	N	<input type="checkbox"/>			
Intra-operative Drugs										
Drug	Strength	Dose	Route	Time						
Post-operative Drugs										
Drug	Strength	Dose	Route	Time						
Time-based monitoring										
TIME										
ISO%										
O2										
Temp										
Pulse										
RR										
MM										
CRT										
BP										
Other										
Surgical notes										
Start Anesthetic:					End Anesthetic:					
Start Surgery:					End Surgery:					