



**UNIVERSITY
of
GLASGOW**

ANAESTHESIA RECORD		Date	PROBLEM LIST	RELEVANT HISTORY	LAB RESULTS										
Case No	Anaesthetist														
Patient name	Student														
Owner name	Clinician														
Species	Surgeon														
Breed	Weight	PROCEDURES	CONCURRENT MEDICATION	PREVIOUS ANAESTHESIA											
Age	BCS														
Sex	ASA														
	<input type="checkbox"/> Emergency														
EXAMINATION	<input type="checkbox"/> Alert <input type="checkbox"/> Quiet <input type="checkbox"/> Anxious <input type="checkbox"/> Excited <input type="checkbox"/> Aggressive <input type="checkbox"/> Recumbent		Mentation:												
	HR/PR:	Pulse quality:	Rhythm:	Murmur:	Hydration:										
	RR:	MM colour:	Pattern:	Resp auscultation:	Temperature:										
	Other findings/comments:														
PREMEDICATION	Dose	Route	Time	Comments	INDUCTION	Dose	Route	Time	Comments						
VASCULAR ACCESS	<input type="checkbox"/> Already in place <input checked="" type="checkbox"/> unsuccessful attempt <input type="checkbox"/> successfully placed								VASCULAR ACCESS						
Venous cannula	<input type="checkbox"/> R forelimb	<input type="checkbox"/> L forelimb	<input type="checkbox"/> R hindlimb	<input type="checkbox"/> L hindlimb	<input type="checkbox"/> R ear	<input type="checkbox"/> L ear	<input type="checkbox"/> R jugular	<input type="checkbox"/> L jugular	Other:						
Arterial cannula	<input type="checkbox"/> R forelimb	<input type="checkbox"/> L forelimb	<input type="checkbox"/> R hindlimb	<input type="checkbox"/> L hindlimb	<input type="checkbox"/> R ear	<input type="checkbox"/> L ear	<input type="checkbox"/> R face	<input type="checkbox"/> L face	Other:						
INTUBATION	Tube size	<input type="checkbox"/> Cuffed	<input type="checkbox"/> Plain	<input type="checkbox"/> Oral	<input type="checkbox"/> Nasal	<input type="checkbox"/> Laryngeal mask	Comments:								
BREATHING SYSTEM	<input type="checkbox"/> T-piece	<input type="checkbox"/> Bain	<input type="checkbox"/> Lack	<input type="checkbox"/> MiniLack	<input type="checkbox"/> Circle	<input type="checkbox"/> Humphrey non-RB	<input type="checkbox"/> Humphrey RB	<input type="checkbox"/> Manley							
Comments:															
LOCAL TECHNIQUES	Drugs & doses				Time	Comments: number of attempts, effect etc				Guidance					
										<input type="checkbox"/> Hanging drop <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nerve locator					
MONITORING	<input type="checkbox"/> ECG	<input type="checkbox"/> SpO ₂	<input type="checkbox"/> NIBP	<input type="checkbox"/> IBP	<input type="checkbox"/> CVP	<input type="checkbox"/> ETCO ₂	<input type="checkbox"/> ETAA	<input type="checkbox"/> Temperature	<input type="checkbox"/> Nerve stimulator						
TIME	pH	pO ₂	SO ₂	pCO ₂	HCO ₃ ⁻	BE	Na ⁺⁺	K ⁺	iCa ⁺⁺	GLUC	HCT	TS	LACT
RECOVERY	CARE REQUIRED: <input type="checkbox"/> Intensive care <input type="checkbox"/> High dependency														
	<input type="checkbox"/> Rapid	<input type="checkbox"/> Normal	<input type="checkbox"/> Slow												
	<input type="checkbox"/> Calm	<input type="checkbox"/> Excited	<input type="checkbox"/> Muscle rigidity	<input type="checkbox"/> Paddling	<input type="checkbox"/> Vocalising	<input type="checkbox"/> Painful									
	<input type="checkbox"/> Additional sedation required	Drug/dose/route:													
	<input type="checkbox"/> Additional analgesia required	Drug/dose/route:													
Temperature:	<input type="checkbox"/> Shivering	<input type="checkbox"/> Warming required:													

TIME	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	
DRUGS & REMARKS																		
INHALANT	Agent																	
	Vaporiser																	
	End tidal %																	
GASES L/min	O ₂																	
	N ₂ O																	
	Medical air																	
SpO ₂	%																	
ETCO ₂	Units:																	
TIVA																		
CRI																		
Units																		
FLUIDS																		
	ml/h																	
NMBDs	ToF count																	
	□ Fade ±																	

DRUGS & REMARKS

MONITORING	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	
KEY:	220																	
Heart/pulse ●	200																	
Systolic BP ∨	180																	
Mean BP -	160																	
Diastolic BP ^	140																	
Respiration o	120																	
<u>MM colour:</u>	100																	
PINK, PALE, CONG,	80																	
BLUE, JAUND etc	60																	
<u>Mentation:</u>	40																	
N = no response to stimuli	30																	
P/T/V = pain/touch/voice	20																	
BAR = bright, alert etc	10																	
IPPV	Mode (S, C, IM)																	
	Frequency																	
	T _v (ml)																	
	PIP (cmH ₂ O)																	
	PEEP (cmH ₂ O)																	
TEMPERATURE °C																		
PULSE QUALITY																		
MM COLOUR																		
REFLEXES ±																		
RECUMBENCY																		

220	
200	
180	
160	
140	
120	
100	
80	
60	START GA
40	START SX
30	END SX
20	END GA
10	EXTUBATE
	Blease <input type="checkbox"/>
	Ventipac <input type="checkbox"/>
	MDS Matrx <input type="checkbox"/>
	Manley <input type="checkbox"/>
	OTHER:
	Bair Hugger <input type="checkbox"/>
	- + ++ +++
	PINK, PALE, BLUE etc
	REFLEX:
	LL RL D S