

MEDICAL RECORD-ANESTHESIA				PROCEDURE												ITEM	START	STOP																					
																Anesthesia																							
DATE	OR NO.	PAGE OF	SURGEON(S)													Procedure																							
PRE-PROCEDURE				MONITORS AND EQUIPMENT				ANESTHETIC TECHNIQUES				AIRWAY MANAGEMENT				RECOVERY ROOM																							
☐ Identified ☐ ID Band ☐ Questioning ☐ Chart Review ☐ Permit Signed ☐ NPO Since _____ Pre-anesthetic State: ☐ Calm ☐ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive				☐ Steth ☐ Esoph ☐ Precord ☐ Other ☐ Non-Invasive B/P ☐ Nerve Stimulator ☐ Continuous EKG ☐ V Lead EKG ☐ Pulse Oximeter ☐ Oxygen Analyzer ☐ End Tidal CO ₂ ☐ Resp Gas Analyzr ☐ Temp _____ ☐ EEG ☐ Warming Blanket ☐ Fluid Warmer ☐ Airway Humidifier ☐ _____ ☐ NG/OG Tube ☐ Foley Catheter ☐ Art Line _____ ☐ CVP _____ ☐ PA Line _____ ☐ IV(s) _____ ☐ _____				Method: ☐ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C. General: ☐ Pre-O ₂ ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal Regional: ☐ Position _____ ☐ Prep _____ ☐ Local _____ ☐ Needle _____ ☐ Drug(s) _____ ☐ Dose _____ ☐ Attempts x _____ ☐ Site _____ ☐ Level _____ ☐ Catheter _____ ☐ See Remarks				☐ Intubation ☐ Oral ☐ Nasal ☐ Direct Vision ☐ Magill's ☐ Blind ☐ Diff. see Rmks ☐ Fiber Op ☐ Stylet ☐ Attempts x _____ ☐ Blade ☐ Tube size _____ ☐ Endobronchial ☐ Regular ☐ RAE ☐ Armored ☐ Laser ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS ☐ Uncuffed, leaks at _____ cm H ₂ O ☐ Secured at _____ ☐ ET CO ₂ Present ☐ Breath Sounds _____ ☐ Circuit: ☐ Circle ☐ Non-rebreathing ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural ☐ Mask Case ☐ Via Tracheostomy ☐ Nasal Cannula ☐ Simple O ₂ Mask				Time _____ B/P _____ O ₂ Sat. _____ ☐ PACU ☐ P ☐ R ☐ T ☐ ICU ☐ L&D ☐ Awake ☐ Spont Resp ☐ Oral Airway ☐ Asleep ☐ Ventilator ☐ Nasal Airway ☐ Stable ☐ Extubated ☐ Face Shield O ₂ ☐ Unstable ☐ Intubated ☐ T-Piece O ₂																							
PATIENT SAFETY																CONTROLLED DRUGS																							
☐ Anes. Machine # _____ Checked ☐ Safety Belt On ☐ Axillary Roll ☐ Arm Restraints ☐ Arms Tucked ☐ Pressure points checked and padded ☐ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles																<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Drug</th> <th style="width:25%;">Used</th> <th style="width:25%;">Destroyed</th> <th style="width:25%;">Returned</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				Drug	Used	Destroyed	Returned																
Drug	Used	Destroyed	Returned																																				
																Provider _____ Witness _____																							

TIME:

AGENTS		FLUIDS		MONITORS		VITAL SIGNS		VENT		TOTALS	
AGENTS	☐ Hal ☐ Enf ☐ Iso (%)										
	☐ N ₂ O ☐ Air (L/min)										
	Oxygen (L/min)										
	()										
	()										
	()										
FLUIDS											
MONITORS	Urine (ml)										
	EBL (ml)										
	EKG										
	% O ₂ Inspired (FIO ₂)										
	O ₂ Saturation (SaO ₂)										
	End Tidal CO ₂										
VITAL SIGNS	Temp: ☐ °C ☐ °F										
VENT	Baseline Values	200									
		180									
		160									
		140									
	B/P	120									
	P	100									
	80										
	60										
	40										
	20										
VENT	Tidal Vol. (ml)										
	Resp. Rate										
	Peak Pres. (cm H ₂ O)										
	PEEP (cm H ₂ O)										
Symbols for Remarks											
Position											

ANESTHESIA PROVIDER(S) PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name-last, first, middle; ID No. (SSN or other); hospital or medical facility.)</i>	REMARKS
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PRE-ANESTHESIA EVALUATION

AGE	SEX ☐ M ☐ F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS			
				B/P	P	R	T
PROPOSED PROCEDURE							
PREVIOUS ANESTHESIA/OPERATIONS (If none, check here ☐)				CURRENT MEDICATIONS (If none, check here ☐)			
FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (If none, check here ☐)				ALLERGIES (If NKDA, check here ☐)			
AIRWAY/TEETH/HEAD AND NECK				HISTORY FROM ☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART ☐ SIGNIFICANT OTHER ☐ PATIENT			
SYSTEM		WNL	COMMENTS			PERTINENT STUDY RESULTS	
RESPIRATORY Asthma Pneumonia Bronchitis Productive cough COPD Recent cold Dyspnea SOB Orthopnea Tuberculosis		☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years			Chest X-ray Pulmonary Studies	
CARDIOVASCULAR Angina MI Arrhythmia Murmur CHF MVP Exercise Tolerance Pacemaker Hypertension Rheumatic fever		☐				EKG	
HEPATO/GASTROINTESTINAL Bowel obstruction Jaundice Cirrhosis N&V Hepatitis Reflux/heartburn Hista hernia Ulcers		☐	Ethanol Use: ☐ No ☐ Yes Frequency _____				
NEURO/MUSCULOSKELETAL Arthritis Paresthesia Back problems Syncope CVA/stroke Seizures DJD TIAs Headaches Weakness Loss of consciousness Neuromuscular disease Paralysis		☐					
RENAL/ENDOCRINE Diabetes Renal failure/Dialysis Thyroid disease Urinary retention Urinary tract infection Weight loss/gain		☐					
OTHER Anemia Bleeding tendencies Hemophilia Pregnancy Sickle cell trait Transfusion history							
PROBLEM LIST/DIAGNOSES			ASA PS	LAB STUDIES	Hgb/HcT/CBC	Electrolytes	Urinalysis
PLANNED ANESTHESIA/SPECIAL MONITORS			1	Other			
			2				
			3				
			4				
			5				
			E	POST-ANESTHESIA NOTE			
PRE-ANESTHESIA MEDICATIONS ORDERED			Signed _____ Date _____ Time _____				
SIGNATURE OF EVALUATOR(S)							