

### Animal Surgery/Procedure and Postoperative Care Record

Animal Surgery/Procedure and Postoperative Care Records are to remain with the subject animal until the animal is fully recovered from the procedure/surgery (sutures removed and/or any post-operative treatments or complications resolved), or the animal is terminated. **A copy of this record must be on file with the LARC Vet Tech**

Date: \_\_\_\_\_ Animal #: \_\_\_\_\_

Species: \_\_\_\_\_ Protocol #: \_\_\_\_\_ PI \_\_\_\_\_

Dept: \_\_\_\_\_ Surgeon/Tech: \_\_\_\_\_ Phone #: \_\_\_\_\_

List surgery/ procedure:

\_\_\_\_\_  
\_\_\_\_\_

Pre-Anesthetic Evaluation				
Weight	Temperature	Heart rate	Respiration rate	Mucus membrane color

Preanesthetic Drug(s)	Dose (mg/kg)	Volume (ml)	Route	Time	Anesthetic Induction

<input type="checkbox"/>	<b>I verify the animal at the proper plane of anesthesia before the surgery/ procedure began.</b>
<input type="checkbox"/>	<b>Was ophthalmic ointment applied to eyes once the animal was anesthetized? (Y/N)</b>

#### MONITORING INTRAOPERATIVE ANESTHESIA AND RECOVERY FROM ANESTHESIA

Time – Indicate surgery start time		:15	:30	:45	1:00	1 :15	1:30	1 :45	2:00	2 :15	2:30	2 :45
Isoflurane Anesthesia %												
Paw withdrawal reflex (A/P)												
Corneal reflex (A/P)												
Spontaneous movement (A/P)												
Righting reflex (A/P)												
Body temperature												
Capillary refill time												
Heart rate												
Respiratory rate												
Mechanical Ventilation (A/P)												
Indicate surgery end time												
Sternal recumbency												

A/P = absent/present

**\*USE PAGE TWO FOR POSTOPERATIVE EVALUATION AND CARE RECORDS**

#### INTRAOPERATIVE PROCEDURES AND MONITORING

<input type="checkbox"/>	<b>I verify the animal was adequately anesthetized for the duration of the procedure.</b>
Name any drugs administered intraoperatively	
Describe any intraoperative complications	

Animal # \_\_\_\_\_ Species \_\_\_\_\_ Protocol # \_\_\_\_\_ Date of Surgery: \_\_\_\_\_  
 Person responsible for Postoperative care \_\_\_\_\_ Phone/pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

**POST-OPERATIVE EVALUATION AND CARE**

<b>Date/Initials:</b>							
<b>Medications:</b> (Include name, dose, route, and time(s) of administration.)							
Analgesics:							
Antibiotics:							
Other fluids/drugs:							
<b>Clinical Observations:</b> (e.g., activity, grooming, respiration, vocalization, eating/drinking, urination/ defecation, movement impairment/paralysis)							
<b>Body Weight:</b> (if weight loss occurs, include % change from pre-operative body weight)							
<b>Incision Monitoring:</b> (e.g., redness or swelling around/under incision, exudate from surgical site)							
<b>Suture/Wound Clip Removal:</b>							
<b>Other Notes:</b>							