

Anesthesia Monitoring

Monitoring Key	Time	15	30	45	0	15	30	45	0	15	30	45	0
	Fluids												
√ Systolic	Fluids												
^ Diastolic	Isoflurane %												
+ MAP	O ₂ (L/min)												
• HR	Temperature												
○ RR	Mucus Membrane Color												
* SPO ₂	Capillary Refill Time												
X CO ₂													
	340												340
	320												320
	300												300
	280												280
	260												260
	240												240
	220												220
	200												200
	180												180
	160												160
	140												140
	120												120
	100												100
	80												80
	60												60
	40												40
	20												20
	0												0

USDA Surgery Record

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PI: _____
Protocol #: _____ Animal ID #: _____
Procedure: _____
Surgery start time: _____

Date: _____
Species: _____
Surgeon(s): _____
Surgery end time: _____

Complete Description (description found in approved Animal Care and Use Protocol- include surgical approach, description of actual procedure, type of suture material (if applicable), type of implant (if applicable), closure technique):

Surgeon signature: _____

