

UNIT NO.

NAME

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

Inpatient / Outpatient	Date of Service: ___/___/___	Page ___ of ___
SPOR / AMOR / CHOR / OB OTHER _____ Room # _____	Primary Anesthetic Technique: GA / Spinal / Epidural / MAC / Block <input type="checkbox"/> Epidural not used for Primary Anesthetic, Placed for Post-Op pain control. Signature: _____	
Incision: _____	TIMES Room in: _____	ASA PS: 1 2 3 4 5 6   Emergency (Document in remarks)
♀ ♂ Age: _____		<input type="checkbox"/> > 70 YRS or <1Yr.

Diagnosis (confirm with surgeon)				Height:	Weight (kg):	Allergies:
Procedure (confirm with surgeon) <input type="checkbox"/> L <input type="checkbox"/> R				Relevant PMH & Labs		
Surgeon (Incl. off floor service)				Surgical Service		
Anes. Care Team	Start	End	Att.	Res / CRNA / PA / AA / Fellow	Pre-Med: _____ Time: _____ NPO: _____	
Team	Start	End	Att.	Res / CRNA / PA / AA / Fellow		

LOS:  
0=none  
1=anxiolysis  
2=moderate sedation  
3=heavy sedation  
4=GA

Time (24 Hr.)	# Vial	
Oxygen (L/min)		
N <sub>2</sub> O/Air (L/min)		
Agent%		
Propofol		
Vecuronium		
Rocuronium		
Ondansetron		
Lidocaine		
Fentanyl		
Midazolam		
ECG - Leads		
SpO <sub>2</sub>		
P ET - CO <sub>2</sub>		
FiO <sub>2</sub>		
Temp °C		
LOS		
Train of Four		
CVP		
PA		
V	200	
BP CUFF PRESSURE	180	
I	160	
INTRA-ARTERIAL PRESSURE	140	
MEAN ARTERIAL PRESSURE	100	
PULSE	80	
POSITION	60	
Tidal Volume	40	
Resp. Rate	20	
Peak Pressure		
PEEP		
Helastarch (# bags)		
Urine (ml)		
EBL (ml)		

<input type="checkbox"/> Anes. Machine / Equipment Checked
<input type="checkbox"/> Armboard Restraints <input type="checkbox"/> R / L Arm Tucked/Flex
<input type="checkbox"/> Pressure Points Checked and Padded
<input type="checkbox"/> Eye Care: ointment / saline / pads / tape / Teg
<input type="checkbox"/> Dental Precautions
<b>MONITORS AND EQUIPMENT</b>
<input type="checkbox"/> Steth Precord/Esoph / Other
<input type="checkbox"/> NIBP L/R <input type="checkbox"/> Fluid Warmer
<input type="checkbox"/> IV's <input type="checkbox"/> HME (airway humidifier)
<input type="checkbox"/> PNS <input type="checkbox"/> Warm Air Blanket
<input type="checkbox"/> NG/OG Insert / In-situ
<input type="checkbox"/> Arterial Line Insert / In-situ
<input type="checkbox"/> CVP/PA Insert / In-situ
<input type="checkbox"/> TEE monitoring / diagnostic / congenital
<input type="checkbox"/> Deep Hypothermic Circulatory Arrest
<b>Pre-Incision Intravenous Antibiotic</b>
<input type="checkbox"/> cefazolin 1g @
<input type="checkbox"/> vancomycin 1g @
<input type="checkbox"/> metronidazole 500mg @
<input type="checkbox"/> ciprofloxacin 400mg @
<input type="checkbox"/> clindamycin 900mg @
<input type="checkbox"/> gentamicin _____ mg @
<input type="checkbox"/> other @
<input type="checkbox"/> per surgeon <input type="checkbox"/> not indicated

**REMARKS:**

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Totals

lbs kg  
22 10  
44 20  
66 30  
88 40  
110 50  
132 60  
154 70  
176 80  
198 90  
220 100  
242 110  
264 120  
286 130  
308 140  
333 150

F 667 (Rev. 07/07)

<b>AIRWAY MANAGEMENT</b>	Supplemental O <sub>2</sub> : cannula / mask / blow-by / none
Technique: ETT / LMA / Tracheostomy / Mask	Laryngoscope FOB / Mac / Miller # _____
ETT: cuff uncuffed / stylett + - / Laser / Spiral	<input type="checkbox"/> Difficult - see note <input type="checkbox"/> Attempts x _____
size: _____ oral nasal Rae / DLT	VC grade: I, II, III, IV
LMA # _____	Secured @ _____ EtCO <sub>2</sub> _____
Airway: nasal / oral _____	Breath sounds: _____ Chest _____

<b>TRANSPORT</b>	<b>PACU</b>
<input type="checkbox"/> O <sub>2</sub> _____	Report given to PACU/ICU RN at: _____
Monitors: _____	B/P _____ O <sub>2</sub> Sat. _____
	T _____ P _____ R _____

Reason for blood transfusion:

Anemia, Acute Blood Loss

Hypovolemia

**Attending Attestation**

I was present for key elements, including but not limited to induction and emergence. I was immediately available at all times.

Signatures

