Rodent Surgery/Anesthesia Record

Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cage Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgeon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Animal ID | Weight(g) | Anesthetic | Dose/Route | Start Time | Time(min)  Reflexes Checked\* | 15 | 30 | 45 | 60 | 75 | 90 | 105 | 120 | End Time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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\*Write tail, toe or other location used, when checking for depth of anesthesia

Pre-operative:

* Ophthalmic ointment applied
* Heat source provided
* Analgesic administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-operative:

* Heat source provided until ambulatory Green label applied to cage card
* Incision site checked
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did all animals recover? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Describe any anesthetic, surgical or post-operative complications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-Operative/Procedure Monitoring\*:** All animals must be continuously monitored until maintaining upright posture and walking normally about the cage before completion of monitoring and return to the animal housing room.

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Animal ID(s) | Procedure & Date Preformed | Animal Status\*\* | Observations/Comments\*\*\* | Surgical Site OK? | Initials |
|  |  |  |  |  | Yes/No |  |
|  |  |  |  |  | Yes/No |  |
|  |  |  |  |  | Yes/No |  |
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|  |  |  |  |  | Yes/No |  |
|  |  |  |  |  | Yes/No |  |
|  |  |  |  |  | Yes/No |  |
|  |  |  |  |  | Yes/No |  |

Note animal ID when referring to specific animals. If complications arise contact veterinarian.

\*Post-operative care should be recorded daily until the surgical incision has healed and/or would clips have been removed.

\*\*Body Score: 1- Bright, alert, responsive 2- Depressed 3- Moribund 4- Dead

\*\*\* Any analgesia, fluids, antibiotics, etc. should be noted with date/time indicated. Suture/wound clip removal should also be noted with date.