CLINIC RESOURCE

Anesthetic Record

Client Name: _____ **Patient:** _____ **Date:** _____

Procedure: _____ **Patient Weight:** _____

Premeds (Drug/Dose/Route/Time): _____

Induction (Drug/Dose/Route/Time): _____ Inhalant: _____

Intubation Time: _____ Tube Size: _____ Extubation Time: _____ **PostOp Temp:** _____

Local Anesthetic Block: _____ Drug: _____ Drug Dose: _____ Time: _____

GAS, %																								
TOTAL FLUIDS, MLS																								
>250																								
250																								
200																								
190																								
180																								
170																								
160																								
150																								
140																								
130																								
120																								
110																								
100																								
90																								
80																								
70																								
60																								
50																								
40																								
30																								
20																								
10																								

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120

Time in Minutes

- • RR
- o HR
- x MAP
- ^ DAP
- V SAP
- Δ Spo_2
- + $ETco_2$

Anesthetic Record *continued*

Comments: