

Patient: _____

SEDATION AND ANESTHESIA RECORD

ID#: _____

Premed _____

Equipment check

Time Out

PREOPERATIVE START TIME: _____

DATE	AGE	ASA	NPO	Surgeon	Anesthetist
		1 2 3			
WEIGHT	HT	BMI	AIRWAY	Surgical Asst.	Anesthesia Asst.
			Mallampati 1 2 3 4		

AGENTS /DRUGS	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	TOTALS
MIDAZOLAM																	mg
FENTANYL 50 mcg/mL																	mcg
PROPOFOL 10 mg/mL																	mg
METHOHEXITAL 10 mg/mL																	mg
KETAMINE																	mg
DEXAMETHASONE 4 mg/mL																	mg
																	mg
																	mg
LIDOCAINE 2% 1:100K epi																	mL
ARTICAINE 4% 1:100K/200K epi																	mL
BUPIVACAINE .5% 1:200K epi																	mL
MEPIVACAINE 3%																	mL
PRILOCAINE 4% 1:200K epi																	mL
FLUIDS NS LR																	mL
NITROUS OXIDE L/min %																	
OXYGEN L/min %																	

MONITORS

AUTO BP R L

ECG (Lead II)

PULSE OXIMETER

STETHOSCOPE

CAPNOGRAPH

BIS

TEMP

SYMBOLS

SBP V

DBP ^

PULSE •

RESP ○

Anes x (Start)

Anes x̄ (Stop)

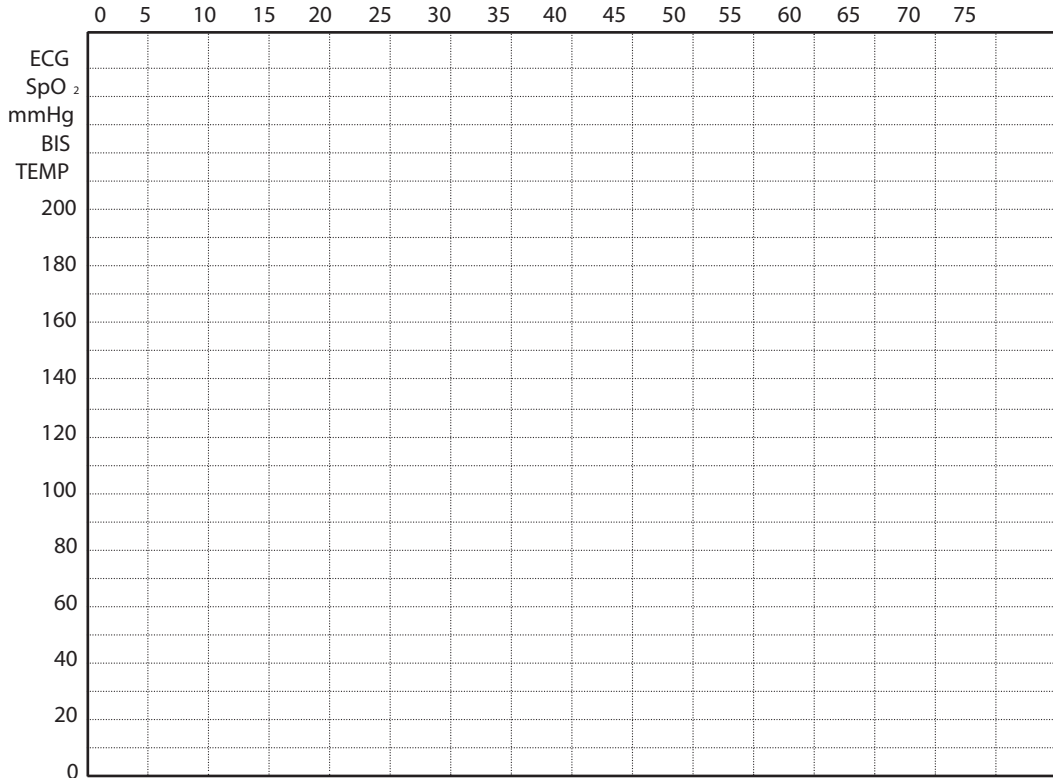
Surg ⊙ (Start)

Surg ⊙̄ (Stop)

POSITION

RECLINED

SUPINE



IV

22G Catheter x__

20G Catheter x__

_____ x__

R Antecubital x__

L Radial x__

Dorsum hand x__

_____ x__

AIRWAY

Nasal Cannula

Nasal Mask

Mask

Nasopharyngeal

Oral

LMA

ET Tube

DX: _____

TX: _____

REMARKS: _____

Dr. SIGNATURE: _____

POST ANESTHESIA CARE AND DISCHARGE RECORD

Patient: _____ ID# _____ : _____

ARRIVAL TIME:

AGENTS /DRUGS	0	5	10	15	20	25	30	35	40	45	50	55	60	TOTALS
FLUIDS	NS	LR	→											mL
OXYGEN	L/min	%												

<p>MONITORS</p> <input type="checkbox"/> AUTO BP R L <input type="checkbox"/> ECG (Lead II) <input type="checkbox"/> PULSE OXIMETER	<p>SYMBOLS</p> SBP ∨ DBP ∧ PULSE • RESP ○	<p>POSITION</p> <input type="checkbox"/> RECLINED <input type="checkbox"/> SUPINE	<p>ECG</p> <p>SpO₂</p> <p>200</p> <p>180</p> <p>160</p> <p>140</p> <p>120</p> <p>100</p> <p>80</p> <p>60</p> <p>40</p> <p>20</p> <p>0</p>	<p style="text-align: center;">IV</p> <input type="checkbox"/> 22G Catheter <input type="checkbox"/> 20G Catheter <input type="checkbox"/> _____ R <input type="checkbox"/> Antecubital L <input type="checkbox"/> Radial <input type="checkbox"/> Dorsum hand <input type="checkbox"/> N/A	<p style="text-align: center;">AIRWAY</p> <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nasal Mask <input type="checkbox"/> Mask <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oral <input type="checkbox"/> LMA <input type="checkbox"/> N/A
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Discharge Criteria

- | | | |
|---|---|---|
| <input type="checkbox"/> Normal depth/rate of respiration (2) | <input type="checkbox"/> Limited breathing/airway (1) | <input type="checkbox"/> Airway support needed (0) |
| <input type="checkbox"/> Moves 4 extremities at will (2) | <input type="checkbox"/> Able to sit, but not stand (1) | <input type="checkbox"/> Non-ambulatory (0) |
| <input type="checkbox"/> Alert and oriented x 3 (2) | <input type="checkbox"/> Aroused by verbal stimulus (1) | <input type="checkbox"/> Aroused by physical stimulus (0) |
| <input type="checkbox"/> BP +/- 20% preop (2) | <input type="checkbox"/> BP +/- 21-40% preop (1) | <input type="checkbox"/> BP > 40% preop (0) |
| <input type="checkbox"/> None or mild nausea w/ no vomiting (2) | <input type="checkbox"/> Transient vomiting or retching (1) | <input type="checkbox"/> Persistent nausea and vomiting (0) |

TOTAL SCORE = _____ [Patient may be discharged if total score is 8 or higher]

Discharge Vital Signs BP _____ / _____ HR _____

Disposition

Verbal instructions given to Patient Escort Written instructions given to Patient Escort

Name of individual accompanying patient _____ Relationship _____

Discharge to Home Other: _____

Post-operative appointment PRN One week 10-14 days _____ Confirmed by scheduling staff

Person Discharging Patient _____ **Person Taking Patient to Vehicle** _____

Dr. Signature _____

