

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)

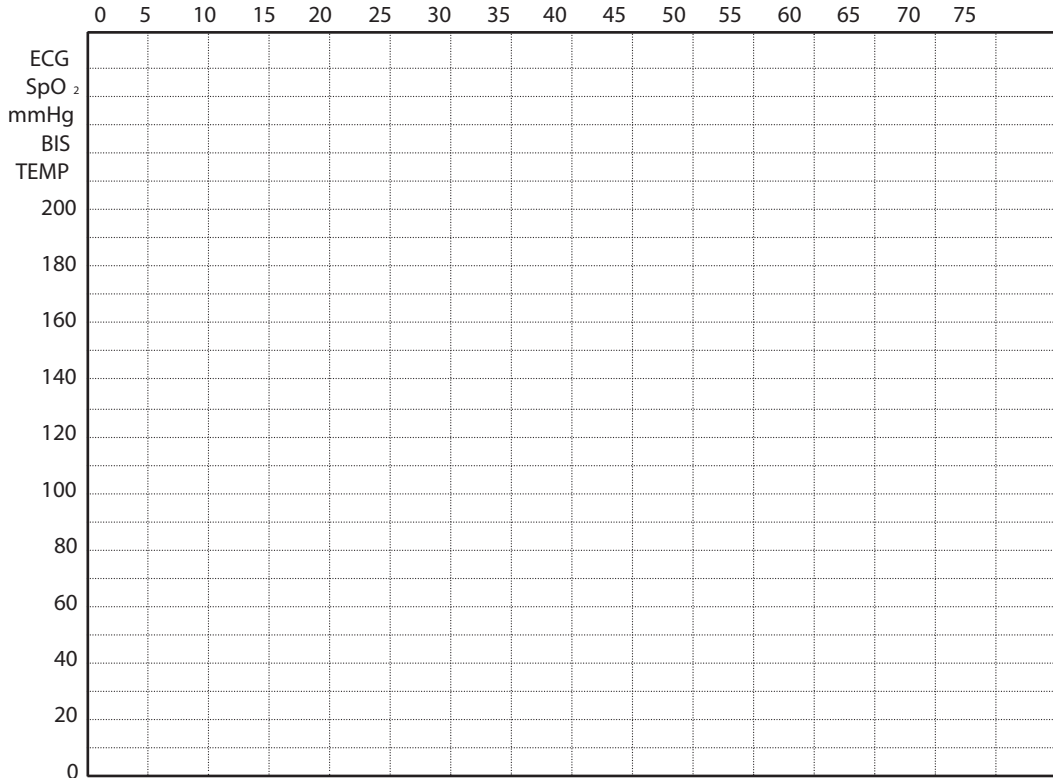
Surg ⊙ (Start)

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 V DBP ^ PULSE • RESP ○	<p>POSITION</p> <input type="checkbox"/> RECLINED <input type="checkbox"/> SUPINE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">ECG</td> <td style="width: 10%;">SpO₂</td> <td style="width: 10%;">200</td> <td style="width: 10%;">180</td> <td style="width: 10%;">160</td> <td style="width: 10%;">140</td> <td style="width: 10%;">120</td> <td style="width: 10%;">100</td> <td style="width: 10%;">80</td> <td style="width: 10%;">60</td> <td style="width: 10%;">40</td> <td style="width: 10%;">20</td> <td style="width: 10%;">0</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	ECG	SpO ₂	200	180	160	140	120	100	80	60	40	20	0													
ECG	SpO ₂	200	180	160	140	120	100	80	60	40	20	0																	

<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 _____

EMERGENCY RECORD

Patient: _____ ID# _____ :

Doctor: _____ Staff: _____ Date: _____

START TIME:

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

- MONITORS**

 - AUTO BP R L
 - ECG (Lead II)
 - PULSE OXIMETER
 - STETHOSCOPE
 - CAPNOGRAPH
 - AED

- SYMBOLS**

 - SBP ∨
 - DBP ∧
 - PULSE •
 - RESP ○
 - AED *

- POSITION**

 - RECLINED
 - SUPINE
 - TRENDELENBERG

ECG														
SpO ₂														
mmHg														
200														
180														
160														
140														
120														
100														
80														
60														
40														
20														
0														

- IV**

 - 22G Catheter x__
 - 20G Catheter x__
 - _____ x__
 - _____ G IO Tibia x__
 - R Antecubital x__
 - L Radial x__
 - Dorsum hand x__

- AIRWAY**

 - Nasal Cannula
 - Nasal Mask
 - Mask
 - LMA
 - Nasopharyngeal
 - Oral
 - King
 - ET Tube

911 CALLED AT: _____ CALLER: _____

HISTORY OF EVENT: _____

BRIEF MEDICAL HISTORY: _____

MEDICATIONS: _____ ALLERGIES: _____

REMARKS/DISPOSITION: _____

Dr. SIGNATURE: _____ RECORDER SIGNATURE: _____

NOTE: COPY FOR EMS