Anchor Veterinary Surgery — Anesthesia Monitoring Form

Last name:	ID#	Emergency Doses:	Date:
Patient:	Emergency phone #:	Epi: mL atropine: mL	Page _____ of _____
Signalment:		Lidocaine mL	Wt: lbs. kg.
Procedure(s):	Admitting DVM:	Surgeon:	Anesthetist:
Medical notes/Problems list:			

See other page □	Drug	mg	mL	Route	Time	Comments	Intubation time:
Premedication							ETT size:
							Maintenance: Isoflurane □ Sevoflurane □
Induction							Heat support: Table □ Bair Hugger □ Heat Pad □ Other □

Hour:	00	05	10	15	20	25	30	35	40	45	50	55	00	05	10	15	20	25	30	35	40	45	50	55
O_2 (L/m)																								
Iso %																								

Key

HR •

BP Sys v MAP — Dia ^

RR ○

Manual Vent. ∅

Start ×

Finish ⊗

260 240 220 200 180 160 140 120 100 80 60 40 20 10 8 6 4 2 0

Notes/Treatments: ① ② ③ ④ ⑤ ⑥

	00	05	10	15	20	25	30	35	40	45	50	55	00	05	10	15	20	25	30	35	40	45	50	55
SpO_2(%)																								
ET CO_2																								
Temp																								
Fluid: Rate/total																								
Fluid: Rate/total																								
Fluid: Rate/total																								

Post-Op @ _____

T = P = R =