Anesthetic Monitoring Chart

think ANESTHESIA® **Jurox**

Patient Information

Date: _____ / _____ / _____   Owner Consent: Y   N

Owner Name / Contact Number: DNR   CPR

Patient ID:

Species/Breed :   Age:

Weight: _____ kg/lb   Sex: M   MN   F   FS

Doctor/Anesthetist:

Blood Work Reviewed :   Y   N   ASA: I   II   III   IV   V   E

Current Medications:

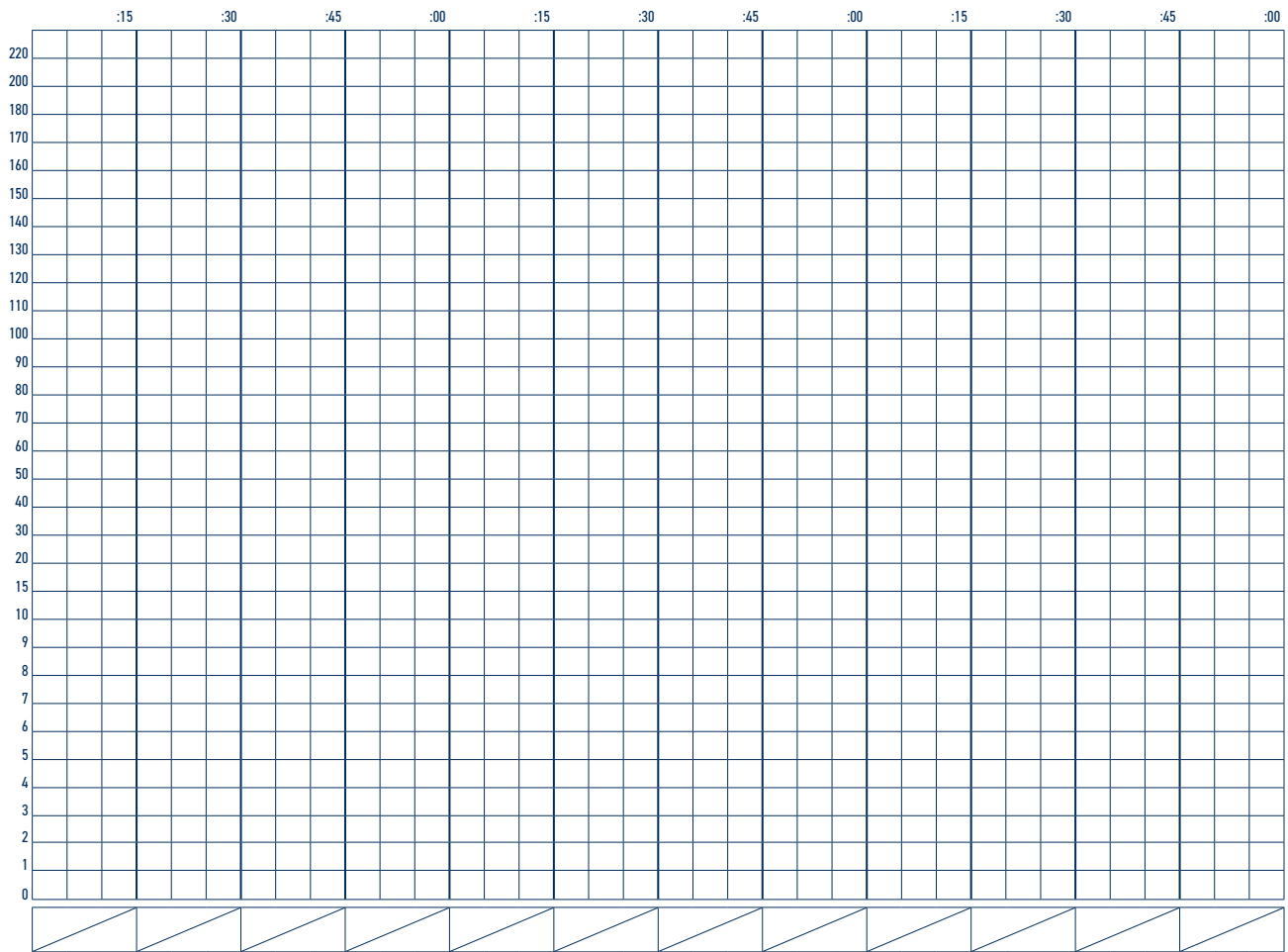Procedure:

Anesthetic Concerns:

Comments: _____

Anesthetic Plan

Premedication Drug/Concentration	Dose (mg/kg)	mg	mL	Route	Time

Premed effect: None   Mild   Moderate   Marked   Cath. Size/Site: L   R

Induction Drug/Concentration	Dose (mg/kg)	mg	mL	Route	Time

Circuit: Circle   Non-Rebreathing   ET Tube Size: _____   Difficult intubation: Y   N

Peri-Op Analgesia Plan	Technique (CRI/Local)	Dose	Route	Time

Events

Key:
- A   Anesthesia Start
- Ⓐ   Anesthesia End
- O   Operation Start
- Ø   Operation End
- X   Extubation
- .   HR
- o   RR
- ˅   SAP mmHg
- ˄   DAP mmHg
- ‒   MAP mmHg
- △   SpO₂ %
- T   Temp
- □   EtCO₂

Warming Device
   ON   OFF

% Maintenance Agent
_____

* Oxygen Flow Rate (L/min)

| | :15 | :30 | :45 | :00 | :15 | :30 | :45 | :00 | :15 | :30 | :45 | :00 |

(Graph grid values: 220, 200, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 15, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0)

Fluids _____

Rates _____

Intra-Op Event #	Description	Action/Drug (Dose, Route)	Totals	
			Fluids:	mL
			Fluids:	mL
			Sx. Time:	
			Anes. Time:	

Post-op Pain Score	Quality of Recovery	Post-Op Analgesia/Sedation	Dose (mg)	Route	Time
_____ / _____	Good Prolonged Dysphoric Other_____				