

USDA COVERED SPECIES ANESTHESIA/POST-PROCEDURAL MONITORING RECORDS

1. In USDA covered species (all mammals except for mice of the genus *Mus* and rats of the genus *Rattus*) the following must be recorded in an individual animal record for each anesthetic event:
 - a. Date
 - b. Principal Investigator
 - c. Animal Protocol number
 - d. Animal ID
 - e. Species
 - f. Weight
 - g. Procedure
 - h. Agent(s) used, dosage, route of administration
 - i. Time of induction of anesthesia
 - j. Time of recovery from anesthesia
 - k. Monitoring every 15 minutes including:
 - i. Temperature
 - ii. Heart Rate
 - iii. Respiratory Rate
 - iv. For small mammals such as *paramiscus*, hamsters, gerbils, etc. monitoring for normal heart rate, respiratory rate and temperature may be sufficient as it is difficult to assess these parameters quantitatively.
2. Post-anesthesia monitoring should be performed until the animal is ambulatory (able to stand and walk). No animal should be returned to OAR animal facilities until they are ambulatory.
3. For surgical procedures record the following *in addition* to what is listed above:
 - a. Post-operative monitoring- must be done at least daily (including weekends and holidays) for the first 5 days unless otherwise stipulated in the IACUC approved animal protocol
 - i. Date
 - ii. Time
 - iii. Brief description of the animal's health status and surgery site appearance
 - b. Analgesia (for each administration)
 - i. Date
 - ii. Time
 - iii. Dose
 - iv. Route
 - c. Date when wound clips, staples or sutures are removed, if applicable
4. The templates provided are an example for recording anesthesia and post-surgical monitoring for large animals. Alternatively you can develop your own form or edit these templates to fit your needs. Whatever form is used, it must contain all of the informational elements noted above.



Date	PI	Animal Protocol#	Tag#/ID	Species	Weight	Sex	Age
Procedure							
Preanesthetic Agent(s): Dose (mg), Route, Time				Anesthetic Agent(s): Dose (mg), route			
Time of Induction:				Time of Recovery:			

[illegible]

Anesthesia Monitoring of the animal must be done **AT LEAST EVERY 15 MINUTES**

Code

x-x Start/End proc.

O-O Resp

●-● Heart Rate

□-□ Temp

1= Sternal

2 = Standing

Temperature

Time	Temperature (Sternal)	Temperature (Standing)	Heart Rate	Respiration	Start/End Proc.
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					

Anesthetic Gas Maintenance	Fluids: Dose (mLs), route, type	Additional notes:
<input type="checkbox"/> Mask <input type="checkbox"/> Intubated Tube Size ____mm Time Extubated		

USDA COVERED SPECIES POST-OPERATIVE RECORD TEMPLATE

Date	PI	Animal Protocol#	Tag#/ID	Species	Weight
Procedure					

		Incision		Activity		Attitude			Appetite		Hydration		
Date	Time	Dry and intact	Other (describe)	Normal activity	Decreased activity	Bright, alert	Quiet, alert	Depressed	Normal appetite	Decreased appetite	Normal	Dehydrated	Initials
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analgesics				
Date	Time	Analgesic	Dose (mg), route	Initials

Suture, Staple, wound clip removal	
Date	
Initials	