

**SMALL ANIMAL ANESTHESIA/POST-PROCEDURAL MONITORING RECORDS**

1. In mice and rats (as well as fish, amphibians, reptiles and birds) the following information needs to be recorded for prolonged and/or injectable anesthesia

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. Record of anesthesia monitoring

k. Time of recovery from anesthesia

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 in 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

1. Date
2. Time
3. Brief description of the animal’s health status and surgery site appearance

b. Analgesia (for each administration)

1. Date
2. Time
3. Dose
4. Route

c. Date when wound clips, staples or sutures are removed, if applicable

4. The template on the next page is an example for recording anesthesia and post-surgical monitoring for rodents. You may use the form for anesthetic records OR combined anesthetic and surgery records. Alternatively, you can develop your own form or edit this one to fit your needs. Whatever form is used, it must contain all the informational elements noted above.



**SMALL ANIMAL ANESTHESIA RECORD** Template

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | PI | | Animal Protocol# | | Tag#/ID(s) | | Species | Weight |
| Procedure | | | | Anesthetic Agent(s): Dose (mg), route | | | | |
| Time of Induction: | | Time of Recovery: | | | | Fluids: Dose (mLs), route, type | | |

**Monitor anesthetized animal at least every 15 minutes. Check all that apply and are approved in your animal protocol.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 Pedal Withdrawal Reflex | 🞏Pinna Reflex | 🞏Palpebral Reflex | 🞏Muscle Tone  (e.g. Jaw) | 🞏Mucous Membranes/Extremities | 🞏 Other |
| 🞏 Respiratory  Rate | 🞏 Respiratory  Effort | 🞏Heart Rate | 🞏Blood Pressure | 🞏 Blood Temp. |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Animal ID (s) | Time   |  | | --- | | Animal ID (s) | |  | |  | |  | |  | |  | | Observation | Initials |
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**SMALL ANIMAL POST-OPERATIVE RECORD** Template

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| **Post-Surgical Monitoring if ljnwdone’ofn((** | | | | | | | | | | | |
|  |  | | Incision site | | Posture | | Activity | | |  |  |
| Animal ID(s) | Date | Time | Dry and intact | Other (describe) | Normal posture | Hunch ed | Normal activity | De- creased activity | Inactive | Additional comments | Initials |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

\*If any abnormal findings are observed, please contact OAR Veterinary Staff\*

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| --- | --- | --- | --- | --- |
| **Analgesics** | | | | |
| Date | Time | Analgesic | Dose (mg), route | Initials |
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**Suture, staple, wound clip**

**removal/ or date**

**sutures were last seen**