

M	F	Age	Ht	Wt	HR	BP	SpO ₂	Date: Last Name:	First Name:
Medical History: Preoperative Well Child _____								NPO ___ Pt ID ___ Consent ___ Equip checked ___	
Medications:								Post-Op Transport Provided by:	
								Procedure:	
								Surgeon:	
								Office:	
Allergies: _____ NKDA _____								Assistant: Anesthesiologist: Salman Hussain, D.M.D.	
								Pre-op Medications: <input type="checkbox"/> Unable to obtain baseline vital signs, patient is uncooperative ASA 1 2 3 4 5 E	

Time:

SpO ₂															
ECG															
Temperature															
<input type="checkbox"/> GA <input type="checkbox"/> MAC <input type="checkbox"/> Supine															
MONITORS															
<input type="checkbox"/> Precordial <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Auto BP <input type="checkbox"/> ECG <input type="checkbox"/> Respirations <input type="checkbox"/> Temperature <input type="checkbox"/> ETCO ₂															
IV															
<input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> ACF <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> Loc Anes															

Notes Anes X Surg O SPO₂ ● H.R —

Oxygen															
Ketamine (mg)															
Midazolam (mg)															
Morphine (mg)															
Meperidine (mg)															
Ultiva (mcg)															
Alfentanil (mg)															
Propofol (mg)															
Glycopyrrolate(mg)															
Toradol (mg)															
IV Fluid: D5LR / LR / NS															

AIRWAY	NOTES: <input type="checkbox"/> O ₂ Cannula <input type="checkbox"/> Eye Protection Throat Pack: <input type="checkbox"/> placed <input type="checkbox"/> removed <input type="checkbox"/> Oropharynx suctioned and examined														
<input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Orotracheal Tube <input type="checkbox"/> Nasotracheal Tube <input type="checkbox"/> L MA <input type="checkbox"/> R <input type="checkbox"/> L 20 22 24 26 28 30 32															

LOCAL ANESTHETIC	Recovery 0	15	30	45	Discharge: 0 VSS 0 Awake 0 Ambulatory	Anesthesia Time:
Δ 2% Lido 1:100k epi	BP				Room Air SPO ₂ : _____ % Time: _____	Anes End: _____
Δ 2% Mepiv 1:20k Neo	HR				ANESTHESIA RECORD	Anes Start: _____
Δ 0.5% Bupiv/ Epi	Spo ₂				X	Total Time: _____
	RR					