**Washington State University**

Institutional Animal Care and Use Committee

**SURGICAL RECORD FOR ALL MAMMALS OTHER THAN RODENTS (CAT, DOG, COW, HORSE, PIG, GOAT, RABBIT, DEER)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **PI:** | **Surgeon name:** | **Date of Surgery:** | | |
| **Location of surgery room:** | **Signature of Surgeon:** |
| **Cage Card/Animal ID:** | **Species** |
| **Sex M/F** | **DOB** |
| **Surgical Procedure:** | **ASAF #:** |
| **Surgical start time** | **End Time Righting Time:** |

**Anesthetic Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intubated? Yes \_\_\_\_ No\_\_\_\_ Ventilator? Yes\_\_\_\_ No\_\_\_\_\_**

**Induction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maintenance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drug Record** (pre, peri, post)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Amount (mg)** | **Route** | **Time** | **Pre-Op?** |
|  |  |  |  | Y / N |
|  |  |  |  | Y / N |
|  |  |  |  | Y / N |
|  |  |  |  | Y / N |
|  |  |  |  | Y / N |
|  |  |  |  |  |

**Anesthetic Monitoring & Peri-Operative Care:**

Anesthetic depth assessed with TPR every 5-10 minutes and documented below.

Heating device used to maintain body temperature

Ophthalmic ointment applied

**Description of Operative Procedure and Day of Surgery Notes:**

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**Anesthesia Monitoring Record** (use additional sheets for longer surgeries)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Heart Rate (bpm)** | **Temp.**  **(F)** | **Respiration**  **(bpm)** | **Gas%** | **O2/L** | **Color** | **Fluids-ml** | **Other** |
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**Post-Operative Care**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Weight (g)** | **Drug** | **Amount (mg)** | **Route** | **Time** | **Assessment (surgery site; activity)** | **Initials** |
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Comments:

**Date released from post-op monitoring** (sutures/clips/staples removed, surgical site healed, animal appears healthy or euthanized): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Per WSU Policy # 6 Approved by WSU-IACUC 9.30. 2015