

Anaesthetic Monitoring Chart

Repeatable. Reliable. Relax.

PATIENT INFORMATION

Date: / / Owner consent form signed

Owner's name: _____

Contact number: _____

Animal's name: _____

Species: _____

Breed: _____ Age: _____

Weight: _____ kg Sex: M N F

Vet: _____

Nurse: _____

Pre GA Bloods: ASA category I II III IV V E

Intraoperative fluids: _____

Type: _____ Rate: _____

Diagnosis/procedure: _____

Comments: _____

PREMEDS

Drugs used	Dose	Route	Time
1			
2			
3			

Catheter site: _____

Sedation: None Minimal Good Deep

Vomited:

Comments: _____

INDUCTION

Agent: _____ Batch: _____

Dose drawn up: _____ Dose administered: _____

Rate of administration: _____

Quality of induction: _____

Tube size: _____ Circuit: _____

Maintenance agent: _____

Posture: _____

EVENTS

Events ● RR ✕ HR ∨ SBP ⤴ DBP

Time	Pre-op																		
Agent																			
CRT																			
O ₂ /min																			
ETCO ₂																			
SpO ₂																			
Temperature																			
Event No.																			
200																			
190																			
180																			
170																			
160																			
150																			
140																			
130																			
120																			
110																			
100																			
90																			
80																			
70																			
60																			
50																			
40																			
30																			
20																			
10																			
0																			

Intra-operative events: _____

INTRA AND POST OP

Drugs used	Dose	Route	Time
1			
2			
3			
4			

TIMES

Times	Anaesthetic	Surgery
Start time		
Finish time		
TOTAL		
TIME TO STANDING		

Chart completed: _____ Date: _____