

Animal Surgery/Procedure and Postoperative Care Record

Animal Surgery/Procedure and Postoperative Care Records are to remain with the subject animal until the animal is fully recovered from the procedure/surgery (sutures removed and/or any post-operative treatments or complications resolved), or the animal is terminated. A copy of this record must be on file with the LARC.

Date: _____ **Animal #:** _____

Species: _____ **Protocol #:** _____ **PI** _____

Dept: _____ **Surgeon/Tech:** _____ **Phone #:** _____

List surgery/ procedure:

Pre-Anesthetic Evaluation				
Weight	Temperature	Heart rate	Respiration rate	Mucus membrane color

Preanesthetic Drug(s)	Dose (mg/kg)	Volume (ml)	Route	Time	Anesthetic Induction

<input type="checkbox"/>	I verify the animal was at the proper plane of anesthesia before the surgery/ procedure began.
<input type="checkbox"/>	Was ophthalmic ointment applied to eyes once the animal was anesthetized? Y/N

MONITORING INTRAOPERATIVE ANESTHESIA AND RECOVERY FROM ANESTHESIA

Time – Indicate surgery start time		:15	:30	:45	1:00	1 :15	1:30	1 :45	2:00	2 :15	2:30	2 :45
Isoflurane Anesthesia %												
Paw withdrawal reflex (A/P)												
Corneal reflex (A/P)												
Spontaneous movement (A/P)												
Righting reflex (A/P)												
Body temperature												
Capillary refill time												
Heart rate												
Respiratory rate												
Mechanical Ventilation (A/P)												
Indicate surgery end time												
Sternal recumbancy												

A/P = absent/present

*USE PAGE TWO FOR POSTOPERATIVE EVALUATION AND CARE RECORDS

INTRAOPERATIVE PROCEDURES AND MONITORING

<input type="checkbox"/>	I verify that the animal was adequately anesthetized for the duration of the procedure.
Name any drugs administered intraoperatively include dose and route administration	

Describe any intraoperative complications	
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The PI may alter this form
with IACUC approval

University of Missouri – Kansas City

October 2022

Animal # _____ Species _____ Protocol # _____ Date of Surgery: _____

Person responsible for Postoperative care _____ Phone/pager: _____ E-mail: _____

POST-OPERATIVE EVALUATION AND CARE

Date/Initials:							
Medications: (Include name, dose, route, and time(s) of administration.)							
Analgesics:							
Antibiotics:							
Other fluids/drugs:							
Clinical Observations: (e.g., activity, grooming, respiration, vocalization, eating/drinking, urination/ defecation, movement impairment/paralysis)							
Body Weight: (if weight loss occurs, include % change from pre-operative body weight)							
Incision Monitoring: (e.g., redness or swelling around/under incision, exudate from surgical site)							
Suture/Wound Clip Removal:							
Other Notes:							

Revised: October 2009
June 2011
June 2013
October 2016
October 2022

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