

University of Missouri – Kansas City

Animal Procedure and Postoperative Care Records are to remain with the subject animal(s) until the animal(s) is/are fully recovered from the procedure (sutures/wound clips removed and/or any post-operative treatments or complications resolved), or the animal(s) is/are terminated.

Date: _____ **Cage(s) #:** _____ **Species:** _____ **Protocol#:** _____ **PI:** _____ **Surgeon:** _____

Person(s) Responsible for Post-Op Recovery: _____ **Weekday Contact #:** _____ **After-hours/Weekend Contact #:** _____

Describe procedure:

Anesthetics:

Circle one:

☐ **Ketamine (K)/Xylazine (X) Cocktail** **K Concentration (mg/mL):** _____ **K Expiration Date:** _____ **K Stock Volume (mL):** _____ **Dose (mg/kg or mL/g):** _____
X Concentration (mg/mL): _____ **X Expiration Date:** _____ **X Stock Volume (mL):** _____ **Route:** _____

☐ **Isoflurane** **Concentration (%)**: _____ **Expiration Date**: _____

☐ Other: _____ Concentration (mg/mL): _____ Expiration Date: _____ Dose (mg/kg): _____ Route: _____

Pre-Op 1. _____ **Concentration (mg/mL):** _____ **Expiration Date:** _____ **Dose (mg/kg):** _____ **Route:** _____

Analgesics: 2. Concentration (mg/mL): _____ **Expiration Date:** _____ **Dose (mg/kg):** _____ **Route:** _____

[illegible]

	I verify the animal was at the proper plane of anesthesia before the procedure began, and was maintained at the appropriate level of anesthesia throughout the procedure.	Describe supplemental heat source:
--	---	------------------------------------

All animals undergoing procedures must be monitored during the anesthetic period. Observations must be recorded a minimum of once every 15 minutes.

***Note A/P for absence/presence of the paw/tail pinch reflex and Yes/No for presence of spontaneous movement.**

[illegible]

University of Missouri – Kansas City

Post-Op Medications 1. _____ Concentration (mg/mL): _____ Expiration Date: _____ Dose (mg/kg): _____ Route: _____
 2. _____ Concentration (mg/mL): _____ Expiration Date: _____ Dose (mg/kg): _____ Route: _____
 3. _____ Concentration (mg/mL): _____ Expiration Date: _____ Dose (mg/kg): _____ Route: _____

IMMEDIATE RECOVERY PERIOD: Animals must be monitored continuously until sternal. Observations must be recorded every 15 minutes until ambulatory.

Time	Animal ID	Observations	Medication #1		Medication #2		Medication #3	
			Volume (mL)	Time	Volume (mL)	Time	Volume (mL)	Time

LONG-TERM POST-OPERATIVE CARE: Animals must be monitored at least once daily for 7-10 days postoperatively or until sutures/wound clips are removed. Animals should be monitored for signs of pain, distress, or incision problems. If complications or infections occur, the Office of Animal Resources should be contacted.

- Monitor the animal's condition noting attitude (alert, depressed), activity (active, inactive), food/water consumption, urine/feces production, & hydration status.
- Monitor the surgical site noting for redness, swelling, exudate, and suture state.
- Note any additional medications administered (Note whether above medications #1, 2 and/or 3 are given).

DATE	Animal ID:	Animal ID:	Animal ID:	Animal ID:	Animal ID:

Suture/Wound Clip Removal Date/Initials: _____ Case Resolved Date/Signature: _____