

ANESTHESIA AND SURGERY RECORD

Instructions: Use this form for any surgical procedure. Fill out as much as possible **before** you begin and before donning your sterile gloves.

Date (dd/mm/yy):		Procedure:		Protocol #:		Species	
Investigator:		Surgeon / Anesthetist:		Emergency Contact #:		Trainer: (if applicable):	

Anesthetics

Induction Agent	Isoflurane (%):	O ₂ Flow	L/min
	<u>OR</u> Other Agent:	Dose	Mg/kg
Injections	1.Agent:	Dose	Mg/kg
	2.Agent:	Dose	Mg/kg

Intra-Operative

Animal ID	Wt (g) ¹	Anesthetic Start time	Eye Lube	Analgesia (#) and vol (ml)	Analgesia Time	Fluids	Heat Source Provided	Nail Trim	Avg ISO Required (%)	End Time	Post-op Temp (M/R-36-38.5)	Post-Op Pain Score	Post Op Notes
		AM/PM	<input type="checkbox"/>			ml	<input type="checkbox"/>	<input type="checkbox"/>				0----1----2	
		AM/PM	<input type="checkbox"/>			ml	<input type="checkbox"/>	<input type="checkbox"/>				0----1----2	
		AM/PM	<input type="checkbox"/>			ml	<input type="checkbox"/>	<input type="checkbox"/>				0----1----2	
		AM/PM	<input type="checkbox"/>			ml	<input type="checkbox"/>	<input type="checkbox"/>				0----1----2	

¹Perform a physical exam on each animal. If there are any abnormalities (eg. swelling, lesions) consult your veterinary care staff before continuing.

Notes: (include any breaks in aseptic technique (#) and actions –eg. glove change, Prevail spray, excessive bleeding, other complications):

Post-surgical care instructions: (analgesic agent, dose in mg/kg and frequency, supplemental diet, procedure specific expected post op complications to watch for):

NOTE: Animal users are responsible for all post op care (eg. analgesics). If you need any technical assistance, please contact the vivarium at MINIMUM 24 hrs in advance.

UTSC Contact: UTSCAnimalVivarium@utoronto.ca or BSF Contact: Christine.Mccaul@utoronto.ca

Post Op (To Do):

- Animals provided with a clean cage post op and gradient of heat support post op until fully ambulatory
- Cage flagged cage with pink/red post-surgical card
- Water access verified (flip water bottle if applicable)
- Supportive diet provided (circle applicable diet: moist pellets on cage floor, KMR, boost, recovery gel, other: _____)
- Procedure logged on animal cage card

IMPORTANT:

- For Cranial Implants/Injections please trim front/hind nails at time of surgery and weekly until incision is healed to prevent post-op trauma
- Refer to the following SOPs and guidelines related to surgery and anesthesia found at: <http://www.research.utoronto.ca/myaccess.library.utoronto.ca/ethics-documents-secured/>
- SOP 10.3.1 Sterile technique in rodent surgery. U of T's Guidelines on rodent anesthesia and analgesia; conducting survival surgery procedures in rodents, and recovery surgery scheduling
- This document should remain with the animal (in the surgery log binder in the room where the animal is housed) at minimum for 30 days.
- For questions or concerns contact, Dr. Deborah Pakes deb.pakes@utoronto.ca 647-985-1694, or Dr. David Hanwell david.hanwell@utoronto.ca 647-700-8692

POST-SURGICAL CARE RECORD

Instruction:

BAR –bright alert responsive, QAR-quiet alert responsive, HC-health concern (consult vet care staff);
 Pain score: 0=no pain, 1 = mild/moderate pain 2=severe pain (use grimace score and posture –i.e hunched posture indicative of pain)
 Food/feces: is animal eating and producing feces? + (scant), ++ (moderate), +++(abundant)
 Hydration status (tent test) H=hydrated, DH dehydrated (H, mild DH, moderate DH, severe DH)
 Users –please provide a weight at minimum on day 2-3 before closing post-surgical monitoring

Name of PI: _____ Research Student/Staff Name: _____

Animal ID:	D 1 post op:	Day 2:	Day 3:	Post op care notes		
Date:				Date		Initials
Time:	AM/PM	AM/PM	AM/PM			
Health Check	BAR/QAR/HC	BAR/QAR/HC	BAR/QAR/HC			
Pain Score	0-----1-----2	0-----1-----2	0-----1-----2			
Supportive diet						
Hydration status? Fluids?						
Analgesic (agent, vol, route)						
Weight g (if not BAR)						
Research Personnel Initials						
Vet Tech Check Time/Initials						
Animal ID:	D 1 post op:	Day 2:	Day 3:			
Date:						
Time:	AM/PM	AM/PM	AM/PM			
Health Check (2xdaily)	BAR/QAR/HC	BAR/QAR/HC	BAR/QAR/HC			
Pain Score (2x daily)	0-----1-----2	0-----1-----2	0-----1-----2			
Supportive diet (1x)						
Hydration? Fluids?						
Analgesic (agent, vol, route)						
Weight (if not BAR)						
Research Personnel Initials						
Vet Tech Check Time/Initials						
Animal ID:	D 1 post op:	Day 2:	Day 3:			
Date:						
Time:	AM/PM	AM/PM	AM/PM			
Health Check	BAR/QAR/HC	BAR/QAR/HC	BAR/QAR/HC			
Pain Score	0-----1-----2	0-----1-----2	0-----1-----2			
Supportive diet (1x)						
Hydration? Fluids?						
Analgesic (agent, vol, route)						
Weight g (if not BAR)						
Initials						
Vet Tech Check Time/Initials						
Animal ID:	D 1 post op:	Day 2:	Day 3:			
Date:						
Time:	AM/PM	AM/PM	AM/PM			
Health Check	BAR/QAR/HC	BAR/QAR/HC	BAR/QAR/HC			
Pain Score	0-----1-----2	0-----1-----2	0-----1-----2			
Supportive diet (1x)						
Hydration? Fluids?						
Analgesic (agent, vol, route)						
Weight g (if not BAR)						
Student/Staff Initials						
Vet Tech Check Time/Initials						