**Indiana University Laboratory Animal Resources**

**Individual Surgery Record**

*Please ensure that all medications and procedures listed below are as stated in the approved animal use protocol.*

*Temperature, mucous membrane color, and depth of anesthesia should be monitored at least every 15 minutes during anesthesia. The investigator is responsible for maintaining a record of anesthetic and analgesic use and postoperative care.*

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| IACUC Protocol #: PI: Date: |
| Surgeon:Assistant(s): | Surgery Room/bldg.: |
| In case of animal health concern: Phone#: Emergency#: |
| Animal ID#: | Species: | Strain: |
| Body Wt.(g): | Health/Condition: Normal or Abnormal (circle one) |
| ***\*If abnormal health or condition, please set animal aside and notify veterinary staff.\**** |
| Surgical Procedure:  |
|  | Drug  | Dose (mg/kg) | Volume(ml) | Route | Concentration (mg/ml) | Time |
| Pre-op meds: |  |  |  |  |  |  |
| Anesthesia |  |  |  |  |  |  |
| AnesthesiaBoosters: |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Post-op Meds: |  |  |  |  |  |  |
| Misc. Supportive care: |  |  |  |  |  |  |
| 15-minute monitoring performed? Yes or No | Recovery Time:  |
| Notes: |
| ***\*Please remember to notate cage card with surgery date.\**** |

**Post-Operative Record**

**Post-op Monitoring to be performed at least 7-10 days.**

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| **Date** | **Time** | **Surgical Site** (describe and/or use letter key below) | **Post-OP Pain?** (Y/N) | **Other observations** (describe and/or use number key below) | **Analgesics(s) or Drugs Post-Op** (complete drug name, dose (mg/kg), volume (ml) and route) | **Initials** |
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Key: qualitative assessment of surgical site and animal condition

1. Incision is clean, dry intact 1- animal is bright, alert, responsive, and active
2. Incision is slightly red, clean, dry intact 2- animal is quiet, alert, responsive, less active
3. Incision is abnormal, please describe\* 3- animal is lethargic and less responsive\*

**\**Contact veterinary staff if signs of pain or discomfort or if abnormal health or healing.***

**Further notes may be placed on the back of this document.**

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| **Post-Operative Record** ***Post-op monitoring to be performed at least 7-10 days*  Protocol #:**

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| **Date** | **Time** | **Surgical Site**(describe and/or use letter key below) | **\*Post-Op Pain?**(Y/N) | **Other observations**(describe and/or use number key below) | **Analgesics(s) or Drugs Post-Op**(complete drug name, dose (mg/kg), volume (ml) and route) | **Initials** |
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| **Key for Qualitative Assessment of Surgical Site and Animal condition** |
| 1. Incision is clean, dry intact
2. Incision is slightly red, clean, dry intact
3. Incision is abnormal, please describe\*
 | 1. animal is bright, alert, responsive, and active
2. animal is quiet, alert, responsive, less active
3. animal is lethargic and less responsive\*
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| ***\*Contact veterinary staff if signs of pain or discomfort or if abnormal health or healing.*** |

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| NOTES: |
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