**Indiana University Laboratory Animal Resources**

**Individual Anesthesia Monitoring 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 5-15 minutes during anesthesia.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IACUC Protocol #: PI: Date: | | | | | | | | |
| Anesthetist: | | | | | | 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.\**** | | | | | | | | |
| Procedure: | | | | | | | | |
|  | Drug | | Dose (mg/kg) | Volume  (ml) | | Route | Concentration (mg/ml) | Time |
| Pre-op meds: |  | |  |  | |  |  |  |
| Anesthesia |  | |  |  | |  |  |  |
| Anesthesia  Boosters: |  | |  |  | |  |  |  |
|  | |  |  | |  |  |  |
| Post-procedure Meds: |  | |  |  | |  |  |  |
| Misc. Supportive care: |  | |  |  | |  |  |  |
| 15-minute monitoring performed? Yes or No | | | | Recovery Time: | | | | |
| Notes: | | | | | | | | |
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**Post-Procedural Record**

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| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Observations** | **Analgesics(s) or Post-procedure Drugs** (complete drug name, dose (mg/kg), volume (ml) and route) | **Initials** |
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Key: qualitative assessment of animal condition

1- animal is bright, alert, responsive, and active

2- animal is quiet, alert, responsive, less active

3- animal is lethargic and less responsive\*

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

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| NOTES: |
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