**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 |  | |  |  | |  |  |  |
| Anesthesia  Boosters: |  | |  |  | |  |  |  |
|  | |  |  | |  |  |  |
| 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 #:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **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\* | | ***\*Contact veterinary staff if signs of pain or discomfort or if abnormal health or healing.*** | | |
| NOTES: |
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