

# Anesthesia Monitoring Sheet

Date \_\_\_\_\_

Patient Name:	Species: _____ Breed: _____	Age: _____
Client Name: _____ ID#: _____	Weight: _____ lb _____ kg	F    M    M/N    F/S
Procedure: _____	DR: _____ Tech: _____	Pre-op T: _____ P: _____ R: _____

Lab values/Medical alert information:

Anesthesia	Drug Name	mg	mL	Route	Time
Pre-medication					
Induction:					
Maintenance:					



**System:** Rebreathing    Non-Rebreathing                      **ET tube size:** \_\_\_\_\_

Time:																			
HR:																			
RR:																			
Temp:																			
SPO2																			
BP																			
ETCO2																			
Iso/Sevo. %																			
O2 flow																			

Post-operative:  
 Temp:  
 RR:  
 HR:  
 Pain Score:

**Pre-calculated Emergency Drugs:**  
 Atropine:  
 Lidocaine:  
 Epinephrine:

Notes: