

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: