**SMALL ANIMAL ANESTHESIA/POST-PROCEDURAL MONITORING RECORDS**

1. In mice and rats (as well as fish, amphibians, reptiles and birds) the following information needs to be recorded for prolonged and/or injectable anesthesia

* Date
* Principal Investigator
* Animal Protocol number
* Animal ID
* Species
* Weight
* Procedure
* Agent(s) used, dosage, route of administration
* Time of induction of anesthesia
* Time of recovery from anesthesia

2. Post-anesthesia monitoring should be performed until the animal is ambulatory.

3. For surgical procedures, record the following *in addition* to what is listed in above.

A. Post-operative monitoring must be done at least daily (including weekends/holidays)

* Date
* Time
* Brief description of the animal’s health status and surgery site appearance

B. Analgesia (for each administration)

* Date
* Time
* Dose
* Route

C. Date when wound clips, staples or sutures are removed, if applicable

4. The template on the next page is an example for recording anesthesia and post-surgical monitoring for rodents. You may use the form for anesthetic records OR combined anesthetic and surgery records. Alternatively, you can develop your own form or edit this one to fit your needs. Whatever form is used must contain all of the informational elements noted above.

**SMALL ANIMAL ANESTHESIA RECORD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | PI | | Animal Protocol# | Tag#/ID(s) | | Species | Weight |
| Procedure | | | | | | | |
| Anesthetic Agent(s): Dose (mg), route | | | | | | | |
| Time of Induction: | | Time of Recovery: | | | Fluids: Dose (mLs), route, type | | |

**SMALL ANIMAL POST-OPERATIVE RECORD**

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| **Post-Surgical Monitoring** | | | | | | | | | | | |
|  |  | | Incision site | | Posture | | Activity | | |  |  |
| Animal ID(s) | Date | Time | Dry and intact | Other (describe) | Hunch ed | Normal posture | Normal activity | De- creased activity | Inactive | Additional comments | Initials |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

**Suture, Staple, wound clip removal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Analgesics** | | | | |
| Date | Time | Analgesic | Dose (mg), route | Initials |
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