

DEPARTMENT OF LAB ANIMAL MEDICINE
NON-SURVIVAL or SURVIVAL ANESTHESIA RECORD
For USDA COVERED SPECIES

DATE: _____ PI: _____ PROTOCOL # _____

SPECIES: _____ ID # _____ ROOM # _____

WEIGHT: kg: _____ lb: _____ TEMP (pre-surgery): _____ °F _____ °C

PROCEDURE: _____

PREANESTH. AGENT(S): _____ TIME: _____ ROUTE: _____

INHALATION ANESTHETIC: _____ DOSE: _____ TIME: _____

ENDOTRACHEAL TUBE SIZE: _____

DLAM ANESTHESIA MACHINE NUMBER _____ ILAB
 reservation# _____

Time								
O₂ l/min								
Iso (%)								
Temp °F								
Pulse (bpm)								
Resp Freq.								
Tidal Vol (ml)								
SPO₂ (%)								
Initials								

SURVIVAL

Post-Surgery: Analgesics: _____ Time: _____

Post-Surgery: Other meds: _____ Time: _____

Endotracheal tube deflated and removed: Time: _____

Return to home cage: Time: _____

Notes/Comments: _____

NON SURVIVAL: Termination Time:

Approved euthanasia procedure:

Second means of euthanasia: _____

Notes/comments: _____
