MEDICAL RECORD–ANESTHESIA

PROCEDURE

ITEM	START	STOP
Anesthesia		
Procedure		

DATE | OR NO. | PAGE OF | SURGEON(S)

PRE–PROCEDURE

☐ Identified ☐ ID Band ☐ Questioning
☐ Chart Review ☐ Permit Signed
☐ NPO Since _____
Pre-anesthetic State: ☐ Calm
☐ Awake ☐ Asleep
☐ Apprehensive ☐ Confused
☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY

☐ Anes. Machine # _____ Checked
☐ Safety Belt On ☐ Axillary Roll
☐ Arm Restraints ☐ Arms Tucked
☐ Pressure points checked and padded
☐ Eye Care: ☐ Ointment ☐ Saline
☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT

☐ Steth ☐ Esoph ☐ Precord ☐ Other
☐ Non-Invasive B/P ☐ Nerve Stimulator
☐ Continuous EKG ☐ V Lead EKG
☐ Pulse Oximeter ☐ Oxygen Analyzer
☐ End Tidal CO_2 ☐ Resp Gas Anlyzr
☐ Temp _____ ☐ EEG
☐ Warming Blanket ☐ Fluid Warmer
☐ Airway Humidifier ☐ _____
☐ NG/OG Tube ☐ Foley Catheter
☐ Art Line _____
☐ CVP _____
☐ PA Line _____
☐ IV(s) _____
☐ _____

ANESTHETIC TECHNIQUES

Method: ☐ General ☐ Spinal
☐ Epidural ☐ Caudal ☐ Brachial
☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
General: ☐ Pre-O_2 ☐ L.T.A.
☐ Rapid Sequence ☐ Cricoid Pressure
☐ Intravenous ☐ Inhalation
☐ Intramuscular ☐ Rectal
Regional: ☐ Position _____
☐ Prep _____ ☐ Local _____
☐ Needle _____
☐ Drug(s) _____
☐ Dose _____ ☐ Attempts x ____
☐ Site _____ ☐ Level _____
☐ Catheter _____ ☐ See Remarks

AIRWAY MANAGEMENT

☐ Intubation ☐ Oral ☐ Nasal
☐ Direct Vision ☐ Magill's ☐ Blind
☐ Diff. see Rmks ☐ Fiber Op ☐ Stylet
☐ Attempts x ___ ☐ Blade _____
☐ Tube size ___ ☐ Endobronchial
☐ Regular ☐ RAE ☐ Armored ☐ Laser
☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS
☐ Uncuffed, leaks at ____ cm H_2O
☐ Secured at _____ ☐ ET CO_2 Present
☐ Breath Sounds _____
☐ Circuit: ☐ Circle ☐ Non-rebreathing
☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
☐ Mask Case ☐ Via Tracheostomy
☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	B/P	O_2 Sat.
☐ PACU ☐ ICU ☐ L&D	P R	T

☐ Awake ☐ Spont Resp ☐ Oral Airway
☐ Asleep ☐ Ventilator ☐ Nasal Airway
☐ Stable ☐ Extubated ☐ Face Shield O_2
☐ Unstable ☐ Intubated ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME:

AGENTS

☐ Hal ☐ Enf ☐ Iso (%)
☐ N_2O ☐ Air (L/min)
Oxygen (L/min)
( )
( )
( )
( )
( )

FLUIDS

MONITORS

Urine (ml)
EBL (ml)
EKG
% O_2 Inspired (FIO_2)
O_2 Saturation (SaO_2)
End Tidal CO_2
Temp: ☐ °C ☐ °F

VITAL SIGNS

Baseline Values
200
180
160
140
120 B/P
100
80 P
60
40
20 R

VENT

Tidal Vol. (ml)
Resp. Rate
Peak Pres. (cm H_2O)
PEEP (cm H_2O)

Symbols for Remarks
Position

TOTALS

SYMBOLS

× ANESTHESIA

⊙ OPERATION

∨ ∧ B/PCUFF PRESSURE

⊥ T ARTERIAL LINE PRESSURE

Δ MEAN ARTERIAL PRESSURE

● PULSE

O SPONTANEOUS RESP

∅ ASSISTED RESP

⊗ CONTROLLED RESP

T TOURNIQUET

ANESTHESIA PROVIDER(S)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name–last, first, middle: ID No. (SSN or other); hospital or medical facility.)*

REMARKS

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☐ M ☐ F	in./cm.	lb./kg.	B/P P R T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*

CURRENT MEDICATIONS *(If none, check here ☐)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Histal hernia Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis Paresthesia, Syncope, Seizures, TIAs, Weakness	☐		
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐		
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history			

PROBLEM LIST/DIAGNOSES

PLANNED ANESTHESIA/SPECIAL MONITORS

ASA PS: 1 2 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

Other

PRE-ANESTHESIA MEDICATIONS ORDERED

SIGNATURE OF EVALUATOR(S)

POST-ANESTHESIA NOTE

Signed Date Time

OPTIONAL FORM 517 BACK