

SEDATION AND ANESTHESIA RECORD

Patient: _____

ID#: _____

Premed _____

Equipment Check

Pre-operative Time Out

DATE	AGE	ASA	NPO	SURGEON	ANESTHETIST
		1 2 3 4			
WEIGHT	HT	BMI	AIRWAY	SURGICAL ASST.	ANESTHESIA ASST.
			Mallampati 1 2 3 4		

AGENTS/DRUGS	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	TOTALS
MIDAZOLAM																	mg
FENTANYL 50mcg/mL																	mcg
PROPOFOL 10mg/mL																	mg
METHOHEXITAL 10mg/mL																	mg
KETAMINE																	mg
DEXAMETHASONE 4mg/mL																	mg
																	mg
																	mg
LIDOCAINE 2% 1:100K epi																	mL
ARTICANE 4% 1:100K/200K epi																	mL
BUPIVACAINE .5% 1:200K epi																	mL
MEPIVACAINE 3%																	mL
PRILOCAINE 4% 1:200K epi																	mL
FLUIDS NS LR																	mL
NITROUS OXIDE L/min																	
OXYGEN L/min																	

	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	
ECG																	IV <input type="checkbox"/> 22G Catheter <input type="checkbox"/> 20G Catheter <input type="checkbox"/> _____ R <input type="checkbox"/> Antecubital L <input type="checkbox"/> Radial <input type="checkbox"/> Dorsum hand <input type="checkbox"/> _____
SpO ₂																	
mmHg																	
BIS																	
TEMP																	
200																	AIRWAY Nasal Cannula <input type="checkbox"/> Nasal Mask <input type="checkbox"/> Mask <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oral <input type="checkbox"/> LMS <input type="checkbox"/> ET Tube <input type="checkbox"/>
180																	
160																	
140																	
120																	
100																	
80																	
60																	
40																	
20																	
0																	

- MONITORS**
- AUTO BP R L
 - ECG (Lead II)
 - PULSE OXIMETER
 - STETHESCOPE
 - CAPNOGRAPH
 - BIS
 - TEMP
- SYMBOLS**
- SBP ∨
 - DBP ^
 - PULSE •
 - RESP ○
 - Anes x (Start)
 - Anes x̄ (Stop)
 - Surg ⊙ (Start)
 - Surg ⊙̄ (Stop)
- POSITION**
- RECLINED
 - SUPINE

DX: _____

TX: _____

REMARKS: _____

DR. SIGNATURE: _____