PROJECT H.A.N.D.S.
HELPING AND NURTURING DEVELOPING SOCIETIES

ANESTHETIC RECORD
and Pre-Operative Assessment

Date: _____ SURGEON: _____

Procedure: _____

NAME:

DOB:

CEDULA

PREMEDS:	HR. GIVEN	NURSE SIGNATURE	ALLERGIES:	WT (Kg)
			MEDICATIONS:	BP

CVS: P

RESP:

OTHER: AIRWAY: ASA

PREV. ANES:

ET AGENT																		
$ETCO_2$																		
FIO_2																		
O_2 SAT.																		
TIME																		

MONITORS:
EKG
NIBP
OXIMETER
$ETCO_2$
PNS
STETH.
TEMP
FOLEY

220 200 180 160 140 120 100 80 60 40 20

DES/SEVO/PROP

N_2O / O_2

ANTIBIOTIC

FLUIDS:

MASK/LMA TUBE: OT NT CUFF

CIRCUIT: SCCA MASK O2 N/P VENTILATION:

I.V. ACCESS:

TECHNIQUE:

POSITION:

PACU EBL: FLUIDS: URINE: RR:

ORDERS: LOC: BP:

P:

SAT:

SIGNATURE: _____