SURGERY RECORD – SINGLE ANIMAL | UNIVERSITY OF ILLINOIS
DIVISION OF ANIMAL RESOURCES OR AGRICULTURAL ANIMAL CARE AND USE PROGRAM
**THIS FORM IS FILLABLE AND EDITABLE – CHANGE AS NEEDED**

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| --- | --- | --- |
| **Protocol #:**  | **Animal ID:** | **Surgeon:**  |
| **Investigator:**  | **Species:**  | **Surgeon's Signature:** |
| **Procedure:**  | **Sex:** | **Assistant(s):**  |
| **Date:**  | **Breed/Strain:**  | **DOB or estimated age:**  |
| **Surgery Room/bldg**:  | **Lab Contact:** |

**Surgical procedure description:**

General description of operative procedure (must be consistent with IACUC protocol). Optional: give a brief overview here and attach the full description of surgical procedures

(if applicable) ET tube size: \_\_\_\_ Intubation time: \_\_\_\_\_\_, Extubation time: \_\_\_\_\_\_\_\_\_\_\_\_

**Pre-operative physical examination:**

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| --- | --- | --- | --- | --- |
| **Temp** | **Pulse** | **Respiration** | **Weight** | **Comments** |
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| **Anesthesia start** | **Surgery start** | **Surgery end** | **Anesthesia end** | **Recovery Time** |
|  |  |  |  |  |

**Pre-operative medications**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug/Concentration** | **Dose** | **Volume administered** | **Route** | **Time** | **Initials** |
|  |  |  |  |  |  |

**Anesthesia induction/maintenance**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug/Concentration** | **Dose** | **Volume administered** | **Route** | **Time** | **Initials** |
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**Intra-op medications**:

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| --- | --- | --- | --- | --- | --- |
| **Drug/Concentration** | **Dose** | **Volume administered** | **Route** | **Time** | **Initials** |
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**Post-operative medications:**

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| --- | --- | --- | --- | --- | --- |
| **Drug/Concentration** | **Dose** | **Volume administered** | **Route** | **Time** | **Initials** |
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**Miscellaneous supportive care (fluids, topical):**

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| --- | --- | --- | --- | --- | --- |
| **Drug/Concentration** | **Dose** | **Volume administered** | **Route** | **Time** | **Initials** |
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**\*If using drug mixture, please list drug and amounts mixed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTRAOPERATIVE MONITORING**. Record observations at least every 15 minutes during surgical procedures.

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| **TIME** | **TEMP** | **PULSE** | **RESP** | **ISO GAS %** | **O2 LEVEL** (L/min) | **SpO2** (%) | **Mucous membrane or skin color:** | **COMMENTS**: include any complications or observations during the procedures | **INITIALS** |
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**POST-OP RECORD****:** immediate post-op monitoring (at least every 15 minutes until animal is in sternal recumbancy). For non-rodent species, monitor animal’s temperature until it returns to normal.

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| **Time** | **Temp** | **Comments** | **Initial** |
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**Daily Post-op Monitoring (as described per protocol) Staple/suture removal (check one): ☐ Removed (Date): \_\_\_\_\_\_\_\_\_OR ☐ Not applicable**

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| --- | --- | --- | --- | --- |
| **Date/Time** | **Surgical Site OK?** | **Post-Op Medication/Care (drug/concentration/volume)** | **Comments** | **Initial** |
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* **All ill or dead lab animals must be reported to the Division of Animal Resource (DAR).**
* **All ill or dead agricultural animals must be reported to the appropriate Farm Manager.**
* **CONTACT: DAR 333-2564, dar-vdl@illinois.edu. LAC 333-2000. AACUP 265-6790,** **aacup@vetmed.illinois.edu****.**