

PI _____ PROTOCOL _____ SURGEON _____

ANIMAL ID # _____ DATE OF SURGERY _____ DATE OF EUTHANASIA _____

1. **INDUCTION** (please write IN ORDER drugs given for pre op induction of anesthesia. This may include pain meds)

DRUG NAME	AMOUNT GIVEN / ROUTE (IP, SQ, IM)	TIME GIVEN	EXPIRATION DATE

2. **PRE OP SURGICAL PREP** (Please CHECK OFF after completed. TO BE DONE IN PREP AREA NOT IN SURGERY SUITE!)

write in any additional things done

1. Turn on heating pad	5. Initial scrub with 70% ETOH	
2. Lubricate eyes with oph. ointment	6. Second scrub with Betadine (5 min)	
3. Shave surgical area on rat	7. Final scrub with 70% ETOH	
4. Remove loose hair on rat		

3. **INTRA-OP** (Please CHECK OFF after completed. Write in any additional things as necessary)

1. Place animal on heating pad	2. Place animal on ISO (if applicable) *	3. Assess anesthetic depth (toe pinch)

3A. **ISOFLORINE LOG** (if surgeon is using inhalant anesthesia) EVALUATE EVERY 10-15 MINUTES

ISOFLURANE EXPIRATION DATE _____

TIME	ISOFLORINE %	REACTION TO TOE PINCH? "Y" OR "N"

4. **POST OP MONITORING** (Monitored every 15-20 minute until fully recovered. Keep on heating pad)

Time	Staff initial	Time	Staff initial	Time	Staff initial	Time	Staff initial	Time	Staff initial

5. **POST OP PAIN MANAGEMENT**

DRUG NAME	TIME/ROUTE GIVEN	EXPIRATION DATE		DRUG NAME	TIME/ROUTE GIVEN	EXPIRATION DATE

POST OP CARE AND MONITORING

(for after the animal is fully awake until the end of required pain monitoring)

PI _____ PROTOCOL _____ ANIMAL ID _____

	DATE	TIME	STAFF	PAIN?	INCISION	MEDS	MED Expiration date
Post op DAY 1							
Post op DAY 2							
Post Op DAY 3							
Post Op DAY 4							
Post Op DAY 5							
Post Op DAY 6							
Post Op DAY 7							

Pain key:

NP= No pain (resting, normal resp rate, grooming self, alert, eyes/nose clear, eating /drinking, interacts with others)

MP*= moderate pain (resting, faster resp rate, red ocular/nasal staining, may squint, may only eat treat if prompted)*

SP*= severe pain (immobile, fast resp rate, not grooming, vocalizes when touched, squinting, tries to bite if handled, red ocular/nasal staining, no interest in food or water) *

*pain must be relieved per protocol. If pain relief is exempt from protocol **INITIAL HERE** _____ *