



# UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES SAIFAI, ETAWAH - 206130 (U.P.)

## Department of Anaesthesiology

Alerts:

### Perioperative Anaesthesia Record

PAC Sl. No.

Name: .....	Ward & Bed :	Date :
Age : ..... Sex.....	Height :	Weight :
Department : .....	Clinical Diagnosis :	ASAPS :
CR No. : .....	Proposed Operation :	

Significant History (Present/Past)	Medication
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	INVESTIGATIONS
<p><b>General Examination</b>    <b>GCS:</b>            <b>Pulse:</b>            <b>BP:</b></p> <p>Temp:                      Pallor:                      Icterus:                      Cyanosis:</p> <p>Cubbing:                      Edema:                      Lymphadenopathy:</p> <p><b>Airway Examination</b></p> <p>MO:                      MMPC:                      TEETH:</p> <p>NECK:                      TMJ:</p> <p><b>IMPRESSION: Normal/Difficult</b></p> <p><b>Systemic Examination</b></p> <p>RS:                      CVS:                      CNS:</p> <p>ABD:                      SPINE:                      Veins:</p> <p>METS:                      BHT:</p> <p><b>Anaesthetic Concerns:</b></p> <p>.....</p> <p>.....</p> <p>Advice .....</p> <p>.....</p> <p>Pre-operative orders</p> <p>NPO after .....a.m / p.m .....</p> <p>Consent for GA/Regional Block/SAB/epidural Block</p> <p>Arrange blood &amp; blood products</p> <p>Medication night before operation</p> <p><b>Referrals :</b></p>	<p style="text-align: right;"><u>Date</u></p> <p><b>HAEMATOLOGICAL:</b></p> <p>Hb</p> <p>Haematocrit</p> <p>TLC/DLC</p> <p>Platelet</p> <p>PT/INR</p> <p>Blood Group</p> <p>Blood Sugar: Random ..... F ..... PP .....</p> <p>Blood Urea/.....S.creat.....</p> <p>S. Electrolytes      Na.....K<sup>+</sup>..... Ca<sub>2</sub><sup>+</sup> .....</p> <p><b>LIVER FUNCTION TESTS</b></p> <p>Bilirubin : Total..... Direct..... Indirect.....</p> <p>Protein : Total :..... Albumin..... Globulin.....</p> <p>SGPT :.....SGOT..... ALP.....</p> <p>CXR :</p> <p>ECG :</p> <p>ECHO :</p> <p>PFT :</p> <p>Viral Markers :</p> <p>OTHERS :</p>

Date : Elective/Emergency Anaesthesia Technique

OT : Procedure : Position :

Name of Anaesthesiologists :

Name of Surgeons :

In Time : Time of Incision : Time of Closure : Out Time :

Fluid Requirement : Hrs.

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>

## INTRA OPERATIVE MONITORING CHART

TIME	1st	2nd	3rd	4th	5th	6th
SPO <sub>2</sub>						
FiO <sub>2</sub> /Flow						
MAC/BIS						
BP						
Sys (Λ) 250						
DIAST (v)						
MEAN (x)						
HR (-) 200						
150						
100						
50						
0						
Relaxant						
ETCO <sub>2</sub>						
TEMP						
CVP Measure						
Fluid Given						
Blood Product						
Urine Output						
Drugs						
INTRA OPERATIVE EVENTS :						
BLOOD LOSS :						
TOTAL FLUID GIVEN	CRYSTALLOIDS		COLLOIDS		BLOOD/ B. PRODUCTS	
TOTAL URINE OUTPUT						

<p>EFFECT OF PREMEDICATION: GOOD/FAIR/POOR</p> <p>IV ACCESS :</p> <p>INDUCTION : I.V./INHALATIONAL</p> <p>TIME OF INDUCTION :</p> <p>AGENTS :</p> <p>INTUBATION/MASK/SUPRAGLOTTIC</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">INTUBATION : DL/VDL/FOB</td> <td style="width: 50%; padding: 5px;">SUPRAGLOTTIC DEVICE</td> </tr> <tr> <td style="padding: 5px;">           ATTEMPTS :            ADJUNCTS :            OROTRACHEAL/NASOTRACHEAL            CUFFED/UNCUFFED             SIZE :           FIXED AT :             CL         </td> <td style="padding: 5px;">DETAILS</td> </tr> </table>	INTUBATION : DL/VDL/FOB	SUPRAGLOTTIC DEVICE	ATTEMPTS : ADJUNCTS : OROTRACHEAL/NASOTRACHEAL CUFFED/UNCUFFED  SIZE :           FIXED AT :  CL	DETAILS	<p>THROAT PACK : POSITION :</p> <p>CIRCUIT : CLOSED / OPEN</p> <p>MONITORING : ECG/NIBP/SPO2/TEMP/ETCO2/U.O./IBP/CVP BLOOD GASES/NMJ/BIS/RESPIRATORY</p> <p>VENTILATION           SPONTANEOUS/IPPV/ASST</p> <p>VENTILATOR USED :</p> <p>VENTILATORY PARAMETERS</p> <p>T.V ..... R.R .....</p> <p>Pi ..... I.E. ....</p> <p>ETCO2 ..... PEEP .....</p>
INTUBATION : DL/VDL/FOB	SUPRAGLOTTIC DEVICE				
ATTEMPTS : ADJUNCTS : OROTRACHEAL/NASOTRACHEAL CUFFED/UNCUFFED  SIZE :           FIXED AT :  CL	DETAILS				

<b>REGIONAL ANAESTHESIA</b> Sensitivity Test : ..... Nerve Block /SAB /Epidural Block /Plexus Block : ..... Site : ..... Method : Blind / PNS / USG : ..... Drug Used : ..... Catheter / Needle Size : ..... Test Dose : ..... Top Up : ..... Level of Block : ..... Sedation : .....	
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<b>CVC/PICC</b>  Site :                               Size : Attempts :                        Complication :	<b>Arterial line :</b> Allen/Modified Allen  Site :                                Size : Attempts :                         Complication :
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MAINTENANCE :
REVERSAL :
TIME OF EXTUBATION

<b>RECOVERY NOTES :-</b>	
CNS : CONSCIOUSNESS :	FULLY AWAKES/SLEEPING/DROWSY : .....
RESPONSE TO PAIN :	ADEQUATE/POOR/UNDER SYSTEMIC ANALGESICS : .....
REFLEXES :	SATISFACTORY/POOR : .....
NMJ RECOVERY :	GOOD. FAIR/POOR/NO RECOVERY/ELECTIVELY PARAIYZED : .....
CVS :	H.R. .... B.P. .... CVP. ....
RESPIRATION :	SPONTANEOUS/IPPV/ASST : .....
	R.R. .... RHYTHM : ..... REGULAR/IRREGULAR
	T.V: ADEQUATE/SATISFACTORY//INADEQUATE : .....
	Events : .....
ETT: In situ/Out	.....
Throat pack : In situ/Out	.....
EPIDURAL CATHETER : In Situ/Out	.....
Invasive Lines- Arterial : In situ/Out	.....
CVC : In situ/Out	.....

## POST OPERATIVE ADVICE

### GENERAL INSTRUCTIONS:

1. NPO
2. POSITION
3. I.V.FLUID
4. ANALGESICS
5. VITAL CHART MONITORING
6. INPUT OUTPUT MONITORING
7. OXYGENATION, VENTILATION
8. DRUGS TO BE FOLLOWED
9. SHIFT TO
10. SPECIAL MEASURES
11. INVESTIGATION REQUIRED
12. BLOOD/B. PRODUCTS TRANSFUSION
13. OTHERS

**Signature & Name of Anaesthiologist**

**Date :**

### PROGRESS CHART :

Date/Time	H.R.	B.R.	RESP.	INTAKE		OUTPUT		TREATMENT	REMARKS
				ORAL	I.V	URINE	DRAINS		