

Rodent Anesthesia Record

Documentation of anesthesia and analgesia administration, as described in the protocol, is required for rodents.

Date of Procedure: _____ Description of Procedure: _____

Protocol Number: _____

Animal ID: _____ Wt.: _____

Person Performing Procedure: _____

Cage Card Number: _____ Species: _____

Record individual animal details for initiation of anesthesia, analgesics, and recovery time of animals. N = Normal A= Abnormal, P = Present A = Absent. Anesthetic monitoring **MUST** be documented every 15 mins on this record. If you have questions about monitoring records contact vetstaff@austin.utexas.edu

Anesthetic Agent(s)				
Vol./% Admin.	Time	Respiration N/A	Toe pinch P/A	Notes

Time Procedure Completed	Time Recovered from Anesthesia (awake and sternal)	
		Initials

Observations/Comments during the procedure:

Post-Procedural Recovery / Analgesic Administration Log

Record analgesic administration as described in the animal protocol and any variations from normal behavior during recovery. Document the dose, volume and time that analgesics were administered. Post-operative observations must occur and be documented twice daily for the first 48 hrs. and at least once daily for the 3rd day or as your approved protocol describes. If an animal exhibits any signs of pain that are not relieved by the analgesic administration contact the ARC Vet staff pager at (512) 210-2107

Animal ID	Date	Time	Incision	Posture		Activity			Additional Comments	Initials
				Dry and Intact	Normal	Hunched	Normal	Decreased		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Analgesics must be administered per the IACUC approved protocol. In the space provided you must document the required analgesic. Include **all** analgesic doses.

Date	Time	Analgesic	Dose (mg), volume, route	Initials

Suture, Staple, Wound clip removal	
Date	Initials