

Anesthesia Log

Date: _____

Patient name: _____		Procedure(s): _____ _____
Client name: _____		
DOB: _____		Doctor: _____
Weight: _____	Weight in kg: _____	Anesthesia Technician: _____

Medical Alert Information: _____

ANESTHESIA	Drug	Dose	mg	ml	Route	Time
Pre-medication						
Induction						
Maintenance						

SYSTEM: Rebreathing Non-Breathing **ET tube size:** _____

MONITORING

Time						
HR						
Temp						
RR						
MM/CRT						
BP						
SpO ₂						
ETCO ₂						
Iso %						
O ₂ flow rate						
Thermal support						

TIME: Anesthesia Start: ____ : ____ : ____ Surgery Start: ____ : ____ : ____ Intubation Time: ____ : ____ : ____
 Anesthesia Stop: ____ : ____ : ____ Surgery Stop: ____ : ____ : ____ Extubation Time: ____ : ____ : ____

RECOVERY

Time						
Temp						
HR						
RR						
MM/CRT						
Thermal support						
Alert						
Sternal						
Ambulatory						
Initials						

ER DRUGS:	Dose	mg	ml	Route	Time	COMMENTS
						Ventilator 15 ml/kg + 100 = _____ () Staples/Sutures
						Additional Notes:

