**Single Rodent Surgical and Post Op Monitoring Log**

Customize/revise as needed (match your AUP). Delete all N/A information.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building and Room #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgeon/Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: Mouse ☐ Rat ☐ Animal ID or Cage #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: Non-Survival ☐ Survival ☐

Ophthalmic Ointment applied? Yes ☐ No ☐ Heat source provided? Yes ☐ No ☐ Hair/fur removed? Yes ☐ No ☐ Surgical Scrub? Yes ☐ No ☐

Toe pinch/painful stimulus? Yes ☐ No ☐ Fluids given? Yes ☐ No ☐ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Volume: \_\_\_\_\_\_\_\_\_\_ Route: \_\_\_\_\_\_\_\_\_\_\_

[Enter custom monitoring criteria]: Yes ☐ No ☐ [Enter custom monitoring criteria] : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rodent ID#: | |  | | | | | | | | | | | |
| Pre-Surgical Assessment: | | Healthy 🞏 Not healthy (surgery not performed) 🞏 Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Pre-Emptive Analgesic:  Yes 🞏 No 🞏 | | Drug: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_mg/kg (mL) Time: \_\_\_\_\_\_\_\_\_\_\_ Route: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Surgery Start Time: | |  | | | | | | | | | | | |
| Surgery End Time: | |  | | | | | | | | | | | |
| Anesthetic Cocktail?  Yes 🞏 No 🞏 | | Drug: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_mg/kg (mL) Time: \_\_\_\_\_\_\_\_\_\_\_ Route: \_\_\_\_\_\_\_\_\_\_\_ Controlled Drugs Logged  Booster? Yes 🞏 No/NA 🞏 Amount: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg/kg (mL) Time:\_\_\_\_\_\_\_\_\_\_ Route:\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Isoflurane (%)?  Yes 🞏 No 🞏 | | % Induction Start Time:  % Maintenance Stop Time: | | | | | | | | | | | |
| Withdrawal Reflex (+/-)  MM Color (P=pink, R=red, B=blue, W=pale) | |  |  |  |  |  |  |  |  |  |  |  |  |
| Respiration Rate: (↑elevated; ↓reduced; → stable) | |  |  |  |  |  |  |  |  |  |  |  |  |
| Elapsed Time (min) | | :00 | 15 | 30 | 45 | 60 | 75 | 90 | 105 | 120 | 135 | 150 | 165 |
| Intra-Op Complications, Other Observations: | |  | | | | | | | | | | | |
| Time Sternal and Returned to cage or Time/Method of euthanasia: | |  | | | | | | | | | | | |
| **Post-Op Care and Monitoring:**  Post-Op Analgesic: Drug: \_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_mg/kg Route: \_\_\_\_\_\_ Volume: \_\_\_\_\_\_ | | | | | | | | | | | | | |
| Day | \*Activity level scale (1-4) |  | | | | | | | | | | | |
| 0 | Analgesic: | A: mg at (am/pm) B: mg at (am/pm) C: mg at (am/pm) | | | | | | | | | | | |
| Post-op obs: |  | | | | | | | | | | | |
| 1 | Analgesic: | A: mg at (am/pm) B: mg at (am/pm) C: mg at (am/pm) | | | | | | | | | | | |
| Post-op obs: |  | | | | | | | | | | | |
| 2 | Analgesic: | A: mg at (am/pm) B: mg at (am/pm) C: mg at (am/pm) | | | | | | | | | | | |
| Post-op obs: |  | | | | | | | | | | | |
| 3 | Analgesic: | A: mg at (am/pm) B: mg at (am/pm) C: mg at (am/pm) | | | | | | | | | | | |
| Post-op obs: |  | | | | | | | | | | | |
| Day | Suture/Staple removal: Post-op obs: | Date/Initial: | | | | | | | | | | | |

\*Activity level scale: 1-Alert, responsive, mobile 2-Alert, responsive, groggy 3-Alert, paralyzed 4-Non-responsive