**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