



Bureau of Corrections

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ANESTHESIA RECORD

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BUREAU OF CORRECTIONS ANESTHESIA RECORD

PRISON NO _____ O.R. SUITE NO. _____ DATE _____

LAST NAME _____ FIRST NAME _____ M.L. WARD AGE SEX HCT HGB BLOOD TYPE _____

Pre-Operative Findings _____ Pre-Op Diagnosis _____

BP _____ PR _____ RR _____ Temp _____ OPERATION PROPOSED _____ CONSENT _____

CP CLEARANCE

+

-

EENT
CARDIOVASCULAR
RESPIRATORY

PREMEDICATION DOSE ROUTE TIME

CENTRAL NERVOUS SYSTEM

ENDOCRINE

PREVIOUS ANESTHETIC EXPERIENCE S U

ALLERGIES

POSITION RISK 1 2 3 4 5 SU

Hours	Agents	O2	H2O	Halothane	FLUIDS	BLOOD	URINE	CO/CI	O2 Sat'a	ANESTHESIA	TOTAL
										STARTED OPERATION	
										STARTED OPERATION ENDED	
										BP	V A
										PULSE	+
										RESP.	o
										TEMP	△
										C.V.P.A. CHANGE CATHETER	C

SYMBOLS

ANESTHETIC AGENTS

REMARKS: INDUCTION, MAINTENANCE EMERGENCY

DETAILED TECHNIQUE

CONDITION OF PATIENT OR MAIN WARD

DEPARTURE FROM OR RECOVERY ROOM

GOOD FAIR POOR GUARDED ICU

OPERATION

POST OPERATIVE DIAGNOSIS _____

SURGEON _____

NURSES _____

ASSISTANT: 1 _____

ANESTHESIOLOGIST _____

2 _____

SIGNATURE OF ANESTHESIOLOGIST _____

MD