# Indiana University Laboratory Animal Resources Individual Surgery Record

*Please ensure that all medications and procedures listed below are as stated in the approved animal use protocol.*

*Temperature, mucous membrane color, and depth of anesthesia should be monitored at least every 15 minutes during anesthesia. The investigator is responsible for maintaining a record of anesthetic and analgesic use and postoperative care.*

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| --- | --- | --- | --- |
| IACUC Protocol #:       PI:       Date: | | | |
| Surgeon:  Assistant(s): | | | Surgery Room/bldg.: |
| In case of animal health concern: Phone#:       Emergency#: | | | |
| Animal ID#: | Species: | Strain: | |
| Body Wt.(g): | Health/Condition:  Normal or  Abnormal (circle one) | | |
| ***\*If abnormal health or condition, please set animal aside and notify veterinary staff.\**** | | | |
| Surgical Procedure: | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Drug | Dose (mg/kg) | Volume (ml) | Route | Concentration (mg/ml) | Time |
| Pre-op meds: |  |  |  |  |  |  |
| Anesthesia |  |  |  |  |  |  |
| Anesthesia Boosters: |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Post-op Meds: |  |  |  |  |  |  |
| Misc. Supportive care: |  |  |  |  |  |  |
| 15-minute monitoring performed?  Yes or  No | | | Recovery Time: | | | |
| Notes: | | | | | | |
| ***\*Please remember to notate cage card with surgery date.*** | | | | | | |

## Post-Operative Record

**Post-op Monitoring to be performed at least 7-10 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Surgical Site** (describe and/or use letter key below) | **Post-OP Pain?**  (Y/N) | **Other observations** (describe and/or use number key below) | **Analgesics(s) or Drugs Post-Op** (complete drug name, dose (mg/kg), volume (ml) and route) | **Initials** |
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### Key: qualitative assessment of surgical site and animal condition

1. Incision is clean, dry intact
2. Incision is slightly red, clean, dry intact
3. Incision is abnormal, please describe\*
4. animal is bright, alert, responsive, and active
5. animal is quiet, alert, responsive, less active
6. animal is lethargic and less responsive\*

**\**Contact veterinary staff if signs of pain or discomfort or if abnormal health or healing.***

**Further notes may be placed on the back of this document.**

## Post-Operative Record

***Post-op monitoring to be performed at least 7-10 days*** **Protocol #:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Surgical Site**  (describe and/or use letter key below) | **\*Post-Op Pain?**  (Y/N) | **Other observations**  (describe and/or use number key below) | **Analgesics(s) or Drugs Post-Op**  (complete drug name, dose (mg/kg), volume (ml) and route) | **Initials** |
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### Key for Qualitative Assessment of Surgical Site and Animal condition

1. Incision is clean, dry intact
2. Incision is slightly red, clean, dry intact
3. Incision is abnormal, please describe\*
4. animal is bright, alert, responsive, and active
5. animal is quiet, alert, responsive, less active
6. animal is lethargic and less responsive\*

***\*Contact veterinary staff if signs of pain or discomfort or if abnormal health or healing.***

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| NOTES: |
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