

SURGICAL PROCEDURES

1.

NAME(S) OF PARTICIPATING INVESTIGATORS, TECHNICIANS, OR STUDENTS	INDICATE TRAINING OR EXPERIENCE WITH THE SURGICAL PROCEDURES DESCRIBED

2.

SPECIES	NUMBER	S = SURVIVAL N = NONSURVIVAL	BUILDING AND ROOM WHERE SURGERY WILL BE PERFORMED

3. Describe pre-operative care (include physical examinations, lab tests, and preconditioning to apparatus)

4. List pre-operative medications and anesthesia:

SPECIES	DRUGS	DOSE (mg/kg body wt)	ROUTE	FREQUENCY

5. Check the criteria used to assess the level of anesthesia:

___ Respiration Rate	___ Toe Pinch	___ Color of Mucous Membrane
___ Heart Rate	___ Corneal Reflex	___ Muscular Relaxation
___ Electrocardiogram		

Other, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Check the following post-operative procedures that apply to this project:

<input type="checkbox"/> Returned to pen/cage after fully conscious	<input type="checkbox"/> Body temperature recorded
<input type="checkbox"/> Observed continuously until fully conscious	<input type="checkbox"/> Surgical record kept
<input type="checkbox"/> Body temperature properly maintained until conscious	<input type="checkbox"/> Veterinarian available
<input type="checkbox"/> Food and water withheld until fully conscious	<input type="checkbox"/> Post-operative analgesia record kept
<input type="checkbox"/> Notation made when animal eats/drinks voluntarily	

Suture removed at (when) \_\_\_\_\_ by \_\_\_\_\_

Dressing changes (frequency) \_\_\_\_\_

7. List post-operative medication (analgesia, antibiotics)

SPECIES	DRUG	DOSE (mg/kg body wt)	ROUTE	FREQUENCY

8. Identify the person(s) responsible for the post-operative care of animals that will undergo surgery.
