



# SURGERY/DENTAL RECORD

OWNER'S NAME \_\_\_\_\_ PATIENTS NAME \_\_\_\_\_ DOCTOR \_\_\_\_\_ TECHNICIAN \_\_\_\_\_

DENTAL PROCEDURE (s): Routine ( ) Extended ( ) Grade I, II, III, IV Doxirobe ( ) Oravet ( )

SURGICAL PROCEDURE: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## PRE-OPERATIVE EVALUATION

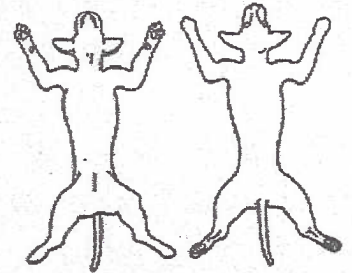
	NORMAL	ABNORMAL	COMMENTS
General Appearance			
Integumentary			
Genitorinary			
Musculoskeletal			
Circulatory			
Respiratory			
Digestive			
Eyes			
Ears			
Lymph Nodes			
Mucous Membranes			
Teeth			

## PRE-OPERATIVE LABORATORY EVALUATION

PCV
Total Protein
GLU
BUN
CREA
BUN/CREA
TP
ALB
GLOB
ALB/GLOB
ALT
ALKP

**VACCINE STATUS:** Current Due

TEMP: \_\_\_\_\_  
 WEIGHT: \_\_\_\_\_  
 PULSE: \_\_\_\_\_  
 RESPIRATORY RATE: \_\_\_\_\_



## PAIN ASSESSMENT



## PREANESTHETIC RISK ASSESSMENT:

- Grade 1: Normal patient with no organic disease
- Grade 2: Patient with mild systemic disease
- Grade 3: Patient with severe systemic disease limiting activity but not incapacitating
- Grade 4: Patient with incapacitating systemic disease that is a constant threat to life
- Grade 5: Moribund patient not expected to live 24 hours with or without surgery

## OPERATIVE PROCEDURE

### ANESTHESIA MONITORING

PreMed & Induction	Dose (mg/kg)	Volume (ml)	Route	Time	Comments

Catheter Placed ( ) Yes ( ) No      Size \_\_\_\_\_ Placement: \_\_\_\_\_ Tube Size: \_\_\_\_\_  
 ANESTHESIA: Isoflurane ( )      TEMP PRE: \_\_\_\_\_ TEMP POST: \_\_\_\_\_

Anesthesia Start: \_\_\_\_\_ SX Start: \_\_\_\_\_ SX End: \_\_\_\_\_ DP Start: \_\_\_\_\_ DP End: \_\_\_\_\_ Anesthesia End: \_\_\_\_\_ Extubation Time: \_\_\_\_\_

Rate	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80
Minutes																	
Percent (%)																	
SPO2																	
HR																	
RR																	
CRT																	
PULSES																	
JAW TONE																	
B.P.																	

\*\*\*ABBREVIATIONS (Jaw Tone) CC = Completely Closed R = Resistant SR = Slight Resistance NR = No resistance (Pulses) S = Strong SP = Sporadic W = Weak

FLUID RATE:	FLUID TYPE:																		ADDED TO IV:									
	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90									
Rate:																												
Total:																												

## DESCRIPTION OF SURGICAL and/or DENTAL PROCEDURE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication(s) administered and/or prescribed: \_\_\_\_\_  
 DISCHARGE INSTRUCTIONS GIVEN: Yes No      TELEPHONE CALL TO OWNER Yes No Time: \_\_\_\_\_ INTL \_\_\_\_\_  
 POST OPERATIVE FOLLOW-UP: \_\_\_\_\_

SUTURE REMOVAL \_\_\_\_\_ OTHER: \_\_\_\_\_  
 HOME DENTAL CARE: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 ( )