



Royal Government of Bhutan

Name of HCC

Dzongkhag

Anesthesia Record Chart

Name:.....	OR..... Date.....	ASA 1 2 3 4 5 E Consent Y/N
HN/CID:..... Age/Sex.....	Anesthetist:.....	Consent: <input type="checkbox"/> High Risk <input type="checkbox"/> Normal.
<input type="checkbox"/> Ward <input type="checkbox"/> OPD	Anes. Assistant:.....	Airway: <input type="checkbox"/> Easy <input type="checkbox"/> Difficult NPO since..
Wtkg. Blood Grp:..... Hb.....	Surgeon:.....	Premed:
Pre op Diagnosis.....	Operative Diagnosis.....	Blood X matched Y / N,units standby
Opn proposed.....	Opn Performed.....	

Time	Total	IV Line:
O ₂ L/min		
N ₂ O / Air L/min		
Halo/Iso/Sevo		
Thio/Propofol		Complications:
Suxamethonium		
Morp/Fen/Peth		
Vec/Atra/		
Neostigmine		
Atrop/Glycopy		
BP Svs <input type="checkbox"/> 240 Dias <input type="checkbox"/> ^ Pulse <input type="checkbox"/> * Start anes <input type="checkbox"/> x Start op <input type="checkbox"/> o End anes <input type="checkbox"/> A Res. Rate <input type="checkbox"/> @		Events:
Position <input type="checkbox"/> Supine/Prone <input type="checkbox"/> Lateral RL/LL <input type="checkbox"/> Lithotomy <input type="checkbox"/> J Knife <input type="checkbox"/> Trendelenburg <input type="checkbox"/> R.Trendelenburg		
Monitoring <input type="checkbox"/> NIBP <input type="checkbox"/> ECG <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Temp. <input type="checkbox"/> Urine output <input type="checkbox"/> Blood Sugar <input type="checkbox"/> SSCL <input type="checkbox"/> Others.....		

Events time		
SPO ₂		
ETCO ₂		
Temperature: (°C)		
Ventillation(S, A, C, M)		
Fluids		Baby delivered at..... <input type="checkbox"/> Male <input type="checkbox"/> Female Apgar..... Baby Received by:
Blood loss (ml)		
Blood given (ml)		
Urine output (ml)		

TECHNIQUE GA SEDATION MAC TIVA RAPID SEQUENCE CRECOID PRESSURE
 RA SA EA CAUDAL IV REGIONAL NERVE BLOCKS.....
 SINGLE CONTINUOUS COMBINED (RA+GA), PLANNED FAILED OR INADEQUATE RA
 Needle #.....G: Bevel: Cut Pencil Touhy, Depth.....cm. Catheter #.....length.....cm, Attempts.....,CSF: Clear Bloody.
 Local anesthesia Agent:.....Volume..... Block level.....

<input type="checkbox"/> AWAKE INTUBATION	<input type="checkbox"/> DIRECT LARYNGOSCOPY <input type="checkbox"/> FIBROPTIC	AIRWAY: <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input type="checkbox"/> LMA No..... THROAT PACK Y/N
<input type="checkbox"/> DEEP INTUBATION	<input type="checkbox"/> GLIDOSCOPE. LARYGOSCOPIE VIEW.....	ET TUBE <input type="checkbox"/> UNCUFF <input type="checkbox"/> CUFF, SIZE.....DEPTH.....Cm
<input type="checkbox"/> ALREADY INTUBATED	ADJUNCTS: <input type="checkbox"/> Stylet <input type="checkbox"/> Bougie <input type="checkbox"/> Magills forceps	<input type="checkbox"/> RAE <input type="checkbox"/> ORDINARY TUBE <input type="checkbox"/> FLEXOMETALLIC
<input type="checkbox"/> TRACHEOSTOMY	Attempts.....Intubation difficulty Y/N	CIRCUIT <input type="checkbox"/> CIRCLE ABSORBER <input type="checkbox"/> BAIN <input type="checkbox"/> JACKSON REES

VENTILLATION: Spont (S) Assisted (A) Manual (M) Controlled (C), Volume C, Pressure C. Rate.....Tidal Vol.....ml

RECOVERY	Extubation Y / N	Verbal Command Y / N	Dyspnea Y / N	Time.....	Aldrete score.....
	Retained ET/LMA Y / N	Adequate spont. Ventilation Y / N	UA Obstructn Y / N	Conscious level:	A / V / P / U
	Reintubation Y / N	Cough on suction Y / N	Wheezing Y / N	BP.....	Pulse.SPO ₂
	To PACU(Time).....	Hand grip/Head tilt Y / N	Cyanosis Y / N	Discharge To: <input type="checkbox"/> PACU <input type="checkbox"/> Ward.....	<input type="checkbox"/> ICU..... <input type="checkbox"/> Others.....
	Before Extubatin	Throat Pack removed Y / N	After Extubatin	On Discharge	

Remarks:..... Page 1 Taken over by:..... anesthesia record chart