

Date: _____ Patient ID: _____ USDA #: _____ WT (in kg): _____ Sex: M / F
 PI: _____ Contact: _____ PH #: _____ Species: _____

The University of Michigan Non-Rodent Mammal Intra-Operative Monitoring Form

Procedure:
Gas Anesthesia
Start: _____ am / pm Finish: _____ am / pm
Induction (agent): _____
Intubation: YES NO If yes, ET tube size: _____ mm
Maintenance (agent): _____
Ventilator: YES NO
Breathing Bag (size): _____ L
Fluid Therapy
Total IV Fluids Administered: _____ mls
Fluid Type: LRS / 0.9% NAACL / Normosol Other: _____
Comments

Injectable Drugs (including pre-anesthetic administration)
Analgesics
Drug Name: _____ (_____ mg/kg)
Administered: _____ mg _____ ml
Route: IV IM SQ Time(s) _____ , _____
 Bupivacaine (1 mg/kg) _____ mg _____ ml Diluted 50% w/ sterile H ₂ O and injected at incision site
Time(s) _____ , _____
Other
Drug Name: _____ (_____ mg/kg)
Administered: _____ mg _____ ml
Route: IV IM SQ Time(s) _____ , _____
 Drug Name: _____ (_____ mg/kg)
Administered: _____ mg _____ ml
Route: IV IM SQ Time(s) _____ , _____

Time	Iso	SPO ₂	Temp (F)	HR	RR	CO ₂	Comments	Initial

