

**Anesthesia Monitoring Sheet**

Date

Patient Name:	Species:	Breed:	Age:
Client Name: ID#:	Weight: _____ lb	_____ kg	F M M/N F/S
Procedure:	DR:	Tech:	Pre-op T: _____ P: _____ R: _____

Lab values/Medical alert information:

Anesthesia	Drug Name	mg	mL	Route	Time
Pre-medication					
Induction:					
Maintenance:					

**System:** Rebreathing Non-Rebreathing

**ET tube size:** \_\_\_\_\_

Time:																			
HR:																			
RR:																			
Temp:																			
SPO2																			
BP																			
ETCO2																			
Iso/Sevo. %																			
O2 flow																			

Post-operative:  
 Temp:  
 RR:  
 HR:  
 Pain Score:

**Pre-calculated Emergency Drugs:**  
 Atropine:  
 Lidocaine:  
 Epinephrine:

Notes: