**Mouse Anesthesia/Surgery/Post-Operative Record**

|  |  |
| --- | --- |
| **PI**  | **Protocol #** AN |
| **Personnel** | **Surgery Type** Survival |
| **Date** | **Experimental agents administered** |
| **Procedure name** |
| **Anesthetics used** | (1) Isoflurane | **Dose + Route****(mg/kg)** | (1) 1%-5% to effect | (1) Inhalation |
| **Analgesics used****(All must be used)** | (1) Lidocaine -OR- Bupivacaine(2) Buprenorphine(3) Meloxicam -OR- Carprofen | **Dose + Route****(mg/kg)** | (1) < 7-8(2) 0.05-0.1(3) 5-10 (Mel) -OR- ~5 (Car) | (1) Local(2) SC/IP(3) SC/IP/PO |
| **Ophthalmic ointment administered in eyes of all anesthetized animals** **Heat provided during surgery and recovery****Pedal reflex (pinch at both foot pads) checked periodically during surgery to evaluate depth of anesthesia****Green surgery tag affixed to cage card or onto cage** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Circle** Animal ID Cage ID |  |  |  |  |  |
| **Body weight (grams)** |  |  |  |  |  |
| **Anesthesia start time** |  |  |  |  |  |
| **Analgesics Name** | **Time and volume administered** |
| Lidocaine -OR- Bupivacaine |   |  |  |  |  |
| Buprenorphine |  |  |  |  |  |
| Meloxicam -OR- Carprofen |  |  |  |  |  |
| **Other Agents Name** | **Time and dosage/volume administered** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Anesthesia end time** |  |  |  |  |  |
| **Complications?** Y/N |  |  |  |  |  |

**Note complications here and on back of page if needed:**

**POST-OPERATIVE**

* Record dates and times of post-op observations or analgesic administrations.
* Checkboxes below indicate required doses of analgesia. If an NSOP checkbox is also included in the same details section, observe animals for signs of pain. If pain is observed, administer analgesic(s) and re-evaluate at time point when next analgesic administration is due. If no pain is observed, mark the NSOP checkbox.
* Once post-surgical pain assessment has concluded, all other monitoring will continue as approved per protocol.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Animal or Cage ID #** |  |  |  |  |  |
| **Date/Time**  |  |  |  |  |  |
| **NSOP or Analgesic details** |  |  |  |  |  |
| **Date/Time**  |  |  |  |  |  |
| **NSOP or Analgesic details** |  |  |  |  |  |
| **Date/Time**  |  |  |  |  |  |
| **NSOP or Analgesic details** |  |  |  |  |  |