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

|  |  |
| --- | --- |
| **PI** | **Protocol #** |
| **Personnel** | **Surgery Type** Survival |
| **Date** | **Experimental agents administered** |
| **Procedure name** |
| **Anesthetics used**(Circle if used) | (1) Isoflurane(2) Ketamine + Xylazine | **Dose + Route****(mg/kg)** | (1) 1%-5% to effect(2) 80-100 K + 10-20 X | (1) Inhalation(2) IP |
| **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 |
| **Required actions:*** Administer ophthalmic ointment in eyes of all anesthetized animals
* Provide heat during surgery and recovery
* Check pedal reflex prior to surgical incision to evaluate depth of anesthesia
* Affix completed green surgery tag to cage card or onto cage.
 |
| **Animal ID / Cage #** |  |  |  |  |  |
| **Body weight (grams)** |  |  |  |  |  |
| **Anesthesia start time** |  |  |  |  |  |
| **Analgesics** | **Time of administration** |
| Lidocaine -OR- Bupivacaine |   |  |  |  |  |
| Buprenorphine |  |  |  |  |  |
| Meloxicam -OR- Carprofen |  |  |  |  |  |
| **Other Agents** | **Time of administration** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Anesthesia end time** |  |  |  |  |  |
| **Complications?** Y/NIf Y, explain on back of page. |  |  |  |  |  |

**POST-OPERATIVE**

* Record dates and times of post-op observations and analgesic administrations. Include researcher initials.
* Checkboxes below indicate **required** doses of analgesia. If an NSOP (no signs of pain) checkbox is also included, observe animals for signs of pain. If pain is observed, administer analgesic(s), check box(es), and re-evaluate animals again per Section I. If no pain is observed, check the NSOP box and continue all other monitoring per protocol.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Animal or Cage ID #** |  |  |  |  | 123456 |
| **Date and Time**  |  |  |  |  | 1/1/21 – 3pm |
| **Analgesic details****\_\_\_\_\_\_\_ Initials** | Read Section I of your protocol. | Use checkboxes below and copy into this table. | An example is given to the right for a → | Jan. 1 surgery and all post-OP care. | **R** Bupx |
| **Date and Time**  |  |  |  |  | 1/2/21 – 9am |
| **Analgesic details****\_\_\_\_\_\_\_ Initials**  |  |  |  |  | **R** Mel/Car**R** Bupx |
| **Date and Time**  |  |  |  |  | 1/2/21 – 3pm |
| **Analgesic details****\_\_\_\_\_\_\_ Initials**  | **** Bupx**** Mel/Car**** NSOP |  |  |  | **** Bupx**R** NSOP |