**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/N  If 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 |