

## Mouse Anesthesia/Surgery/Post-Operative Record

PI (PI name)		Protocol # AN123456		
Personnel (Surgeon's name)		Surgery Type Survival		
Date 1/1/2019		Experimental agents administered Drug XYZ		
Procedure name Osmotic pump implantation				
Anesthetics 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 <b>(All must be used)</b>	(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
<input checked="" type="checkbox"/> Ophthalmic ointment administered in eyes of all anesthetized animals <input checked="" type="checkbox"/> Heat provided during surgery and recovery <input checked="" type="checkbox"/> Pedal reflex (pinch at both foot pads) checked periodically during surgery to evaluate depth of anesthesia <input checked="" type="checkbox"/> Green surgery tag affixed to cage card or onto cage				

Circle Animal ID	Cage ID	A1		A2		B1	
Body weight (grams)		25 g		35 g		27 g	
Anesthesia volume		0.25 mL		0.35 mL		0.27 mL	
Anesthesia start time		900 AM		945 AM		1100 AM	
Analgesics		Volume	Time	Volume	Time	Volume	Time
Lidocaine -OR- Bupivacaine		0.1 mL drip	905 AM	0.1 mL drip	950 AM	0.1 mL drip	1105 AM
Buprenorphine		0.1 mL SC	905 AM	0.1 mL SC	950 AM	0.1 mL SC	1105 AM
Meloxicam -OR- Carprofen		0.1 mL SC	905 AM	0.1 mL SC	950 AM	0.1 mL SC	1105 AM
Other Agents		Volume	Time	Volume	Time	Volume	Time
Drug XYZ		0.1 mL IP	930 AM	0.1 mL IP	1030 AM	0.1 mL IP	1120 AM
Anesthesia end time		935 AM		1030 AM		1125 AM	
Complications? Y/N		N		Y		N	

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

Mouse A2's surgery was extended due to toe pad pinch response at ~1015 AM. Iso increased up 0.25% to 2%; surgery resumed 10 minutes later. Recover was OK and animal will be monitored for any other complications.

### 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 #	1	2	3
Date/Time	1/2/19 900 AM	1/2/19 900 AM	1/2/19 900 AM
NSOP or Analgesic details	<input checked="" type="checkbox"/> Mel/Car 0.1 mL SC	<input checked="" type="checkbox"/> Mel/Car 0.1 mL SC	<input checked="" type="checkbox"/> Mel/Car 0.1 mL SC
Date/Time	1/2/19 500 PM	1/2/19 500 PM	1/2/19 500 PM
NSOP or Analgesic details	NSOP	NSOP	NSOP
Date/Time	1/3/19 900 AM	1/3/19 900 AM	1/3/19 900 AM
NSOP or Analgesic details	NSOP	NSOP	NSOP