AS2C014

Stony Brook Medicine

ASC Anesthesia Flow Sheet

Pre-Induction Examination & Evaluation _____

Lungs _____ Heart _____ Airway _____ Date _____ Time _____

ALLERGIES:

Resident/CRNA Sig. _____ ID# _____ MD Sig. _____ ID# _____ ASA: _____

Anesthesia

Start _____

End _____

Tourniquet Pressure: _____

Up _____ Dn _____

Site _____

Reevaluate:

B.P. _____ Sat _____ Time _____ Initials _____

Chart Reviewed ☐ Anes. Plan Discussed ☐ Anes. Equipment Check ☐

ATTESTATION

☐ I was physically present for the entire course of anesthetic management and performed all procedures on this patient as indicated on the record.

☐ I was present for key portions of anesthetic management, monitored the course of anesthesia services at intervals and was immediately available during the procedure.

I was physically present for: ☐ Induction ☐ Emergence ☐ Not Applicable

Sig._____MD ID# _____

Pre-Op Medications

Antibiotics ☐ None Ordered

Dose: Time: Initials:

MONITORS

- ❑ NIBP ❑ EKG
- ❑ PulseOx ❑ O_2 Sensor
- ❑ $ETCO_2$ ❑ Gas Analys
- ❑ Tmp____ ❑ G-Tube
- ❑ BIS ❑ Blan. warm.
- ❑ IV _____

INDUCTION

- ❑ Pre-Oxygenation
- ❑ Intravenous
- ❑ Inhaled
- ❑ Cricoid Pressure

AIRWAY

- ❑ Oral Airway
- ❑ Mask
- ❑ LMA _____
- ❑ Nasal Canula

TRACHEAL INTUBATION

- ❑ Oral ❑ Nasal
- ❑ Cuff
- ❑ Easy ❑ Difficult
- ❑ Atraumatic
- ❑ Size _____
- ❑ Rae

REGIONAL BLOCK

Type _____

Position _____

Prep _____

Site _____

Needle _____

Attempts_____

CSF _____

Agent _____

TIME

Oxygen L/min.

L/min.

Vol%

TOTAL

EKG

% O2 Inspired

O2 Saturation

End Tidal CO2

Temperature

BIS Monitoring

Tidal Volume

Fluids:

Urine ml

EBL ml

200 180 160 140 120 100 80 60 40 20

Provider Handoff

Name: _____

Signature: _____

Time In: _____

Time Out: _____

Name: _____

Signature: _____

Time In: _____

Time Out: _____

Remarks

PACU

BP _____

HR _____

02 Sat _____

Temp _____

ANESTHESIA DISCHARGE NOTES

_____

_____ MD signature: _____ ID#_____ date: _____ time: _____

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