



Mahidol University
Faculty of Medicine Siriraj Hospital
Anesthesia Record

HN. _____ AN. _____
Name _____
Age _____ DOB _____
Sex _____ Ward _____

Allergy _____	Service _____ Room _____
Diagnosis _____ Date _____	ASA : 1 2 3 4 5 6 E
Procedure _____ Surgeon _____	BW _____ kg. HT _____ cm.

Preoperative evaluation and preparation No underlying disease Special clinic

<p>Neuro <input type="checkbox"/> NL <input type="checkbox"/> Old CVA (full recovery/hemiparesis) <input type="checkbox"/> Chr.pain <input type="checkbox"/> Dementia</p> <p>CVS <input type="checkbox"/> NL <input type="checkbox"/> HT (well/poor controlled) <input type="checkbox"/> DLP <input type="checkbox"/> CAD/MI <input type="checkbox"/> CHF <input type="checkbox"/> PVD</p> <p>GI <input type="checkbox"/> NL <input type="checkbox"/> Liver dis. (no portal HT/portal HT) <input type="checkbox"/> Peptic ulcer</p> <p>RS <input type="checkbox"/> NL <input type="checkbox"/> COPD <input type="checkbox"/> OSA <input type="checkbox"/> Asthma <input type="checkbox"/> Recent URI</p> <p>Renal <input type="checkbox"/> NL <input type="checkbox"/> CKD stage _____ <input type="checkbox"/> Dialysis <input type="checkbox"/> Post KT</p> <p>Endo <input type="checkbox"/> NL <input type="checkbox"/> DM (No organ damage/with organ damage) <input type="checkbox"/> Steroid use</p> <p>Other <input type="checkbox"/> Anemia <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Cancer (Localize/Metas) <input type="checkbox"/> SLE <input type="checkbox"/> Precaution <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> _____</p>	<p>PE BT _____ BP _____ RR _____ HR _____</p> <p>METs <input type="checkbox"/> ≥4 <input type="checkbox"/> <4</p> <p>Neuro <input type="checkbox"/> A&Ox3 <input type="checkbox"/> AOC _____</p> <p>Heart <input type="checkbox"/> NL _____</p> <p>Lung <input type="checkbox"/> NL _____</p> <p>Abd <input type="checkbox"/> NL _____</p> <p>Investigation _____</p>
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Airway assessment

Denture No Yes

Dental problem No Yes

Mouth opening NL Limit

Neck movement NL Limit

Mallampati 1 2 3 4 NA

Thyromental ≥6 cm <6 cm

Expected difficult airway

Notes <input type="checkbox"/> Aspiration risk		Time	Total
NPO _____ Premedication <input type="checkbox"/> ICU booking <input type="checkbox"/> G/M _____	Medication	O ₂ /Air	
	Sevo/Des		
	Propofol		
	Fentanyl		
	Midazolam		

Anesthesia technique <input type="checkbox"/> MAC/Mild sedation/Topical <input type="checkbox"/> Moderate/Deep sedation <input type="checkbox"/> General anesthesia <input type="checkbox"/> Other _____		Monitoring	
	Monitoring	ECG	
	SpO ₂		
	ETCO ₂		

Airway Device <input type="checkbox"/> Oro/Nasopharyngeal airway <input type="checkbox"/> ETT Size _____ Depth _____ Type _____ <input type="checkbox"/> DL _____ <input type="checkbox"/> VL _____ <input type="checkbox"/> SGA _____ Size _____ <input type="checkbox"/> Tracheostomy _____ <input type="checkbox"/> RSI/Cricoid pressure <input type="checkbox"/> Difficult intubation <input type="checkbox"/> Confirmed by BBS/ETCO ₂			
Monitoring <input type="checkbox"/> ECG <input type="checkbox"/> SpO ₂ <input type="checkbox"/> NIBP _____ <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Paw <input type="checkbox"/> Temp <input type="checkbox"/> _____ Position <input type="checkbox"/> Supine <input type="checkbox"/> Lateral Lt/Rt <input type="checkbox"/> _____ Line access _____ <input type="checkbox"/> Active Warming _____	Monitoring	200	
	Monitoring	180	
	Monitoring	160	
	Monitoring	140	
	Monitoring	120	
	Monitoring	100	
	Monitoring	80	
	Monitoring	60	
	Monitoring	40	

		Symbol	
	Intake / Output		
	Intake / Output	Urine	
	Intake / Output	EBL	

Extubation <input type="checkbox"/> Yes <input type="checkbox"/> Extubation criteria assessed <input type="checkbox"/> No		Remarks									
Dispatch <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Ward											
BP _____ HR _____ RR _____											
SpO ₂ _____ Temp _____ PS _____		Reversal agent time _____ Neostigmine/Sugammadex _____ mg Atropine/Glycopyrrolate _____ mg									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Start anes</td> <td style="width:25%;">Start op.</td> <td style="width:25%;">Op. finish</td> <td style="width:25%;">Anes finish</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Start anes			Start op.	Op. finish	Anes finish					
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Attending. _____ CRNA. _____ R/F. _____ N. Student. _____

