Mahidol University
Faculty of Medicine Siriraj Hospital

Anesthesia Record

HN. AN.
Name
Age DOB
Sex Ward

Allergy | **ASA :** 1 2 3 4 5 6 E

Service Unit

Surgery ☐ Ac.care ☐ Colo
☐ CVT ☐ ENT ☐ EYE
☐ GYN ☐ H&N ☐ HPB
☐ MIS ☐ Neuro ☐ OB
☐ Ortho ☐ PED ☐ Plastic
☐ Trauma ☐ Vascular ☐ Uro
Outside ☐ Broncho ☐ Cath
☐ Chemo ☐ CT/MR ☐ ECT
☐ GI Scope ☐ IR/RT ☐ Nuclear
Others ☐ ALIST ☐ Dental
☐ Pain ☐ Painless ☐ PM&R
☐ Bone marrow ☐ _____

Procedure

Final diagnosis : ☐ same _____
_____
Final operation : ☐ same _____
_____

Patient ○ Special clinic
☐ IPD ☐ OPD ☐ Sameday admission

Surgical safety checklists
☐ Patient identified
☐ Informed consent
☐ Reassessed with no interval changes
☐ Surgical site identified
☐ Briefing

Date of surgery : _____
Location / Room : _____

Anesthesia providers
Attending : _____
_____
_____
CRNA : _____
_____
Resident/Fellow : _____
_____
Nurse student : _____
_____
Med student : _____

Anesthesia Management

Anesthesia technique
☐ General anesthesia
☐ Neuraxial anesthesia
☐ Peripheral nerve block
☐ Moderate/Deep sedation
☐ Mild sedation
☐ Topical
☐ MAC
☐ _____

Special Technique
☐ One lung ventilation
☐ Jet ventilation
☐ CPB / ECMO ☐ _____

Position
☐ Supine ☐ Prone ☐ Sitting
☐ Litho ☐ Lateral Lt. ↓ / Rt. ↓
☐ Head ↓ (Trend) ☐ Jackknife
☐ Head ↑ (R.trend) ☐ LUD
☐ Parkbench ☐ _____

Airway Device ☐ Oro/Nasopharyngeal airway
☐ Undermask ☐ SGA _____ No. _____
☐ ETT Size _____ Cuffed/Uncuffed
Depth _____ Type _____
☐ DLT Lt / Rt Size ____ Depth _____ cm.
☐ Tracheostomy _____ ☐ Other _____

Intubation
☐ DL : Blade ○ Macintosh _____ ○ _____
☐ VL : Blade _____ ☐ Fiberoptic
Attempt _____ LV 1 2 3 4
☐ Rapid sequence ☐ Cricoid pressure

☐ Difficult ventilation
☐ Difficult SGA insertion
☐ Difficult intubation

Confirmed
☐ BBS ☐ $ETCO_2$
☐ FOB ☐ X-ray

Monitoring
☐ ECG ☐ SpO_2 ☐ $ETCO_2$ ☐ NIBP _____
☐ Paw ☐ CVP ☐ pEEG ☐ A-line _____
☐ PNS ☐ TEE ☐ NIRS ☐ Temp _____
☐ _____

Neuraxial block Time _____
☐ Spinal : level _____ ☐ Caudal
☐ Epidural : level _____
Needle : Type _____ No. _____
Cath _____ at skin ____ in space ____ cm.
Agent : _____
_____
Anes Level : _____

Peripheral Nerve Block

Procedure 1 : Lt/Rt/Bilat Time _____
☐ FNB ☐ ACB ☐ FICB ☐ Pop.Sci.NB
☐ Abd wall : _____
☐ Chest wall : _____
☐ BPB : _____ ☐ Other _____
Needle : Type _____ ☐ US ☐ NS
Agent : _____
_____
_____
☐ Cath _____ Mark _____ cm.

Procedure 2 : Lt/Rt/Bilat Time _____
☐ FNB ☐ ACB ☐ FICB ☐ Pop.Sci.NB
☐ Abd wall : _____
☐ Chest wall : _____
☐ BPB : _____ ☐ Other _____
Needle : Type _____ ☐ US ☐ NS
Agent : _____
_____
_____
☐ Cath _____ Mark _____ cm.

Line acceses ☐ Tourniquet removal
_____
_____
_____
_____
☐ **CVL** _____
Site _____
Needle _____ Attempt _____
Mark _____ ☐ US ☐ ECG guide
Event ☐ No ☐ Yes _____

Remarks (events/procedure note)

☐ Eyes protected
☐ Pressure points checked
☐ Active warming _____

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