|  |
| --- |
| **INTERVENTION INFORMATION** |
| AREC #: |  | PI NAME: |  |  |
| DATE: |  | SUPPORT: **print name & sign** |  |  |
| NUMBER of animals involved: |  | PERSON doing the procedure: **print name & sign** |  |  |
| PROCEDURE/S | DETAILS: |

**MAINTENANCE & SUPPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| POSITIVE VENTILATION: | Yes | No | FLUID THERAPY: | Yes | No |
| O2 & ISOFLURANE: | Min % | Max % | FLUID: Route, Type and volume given |  |
| ALTERNATIVE / ADDITIONAL DRUG SUPPORT | Details of route, drugs & doses used: |
| THERMOREGULATION SUPPORT (type given) |  |
| COMMENTS / COMPLICATIONS: |  |
| ADDITIONAL INFO: |  |

**POST INTERVENTION RECOVERY/REVERSAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| REVERSAL DRUG: |  |  | DOSE & ROUTE: |  |  |
| ANALGESIC DRUG: |  |  | DOSE & ROUTE: |  |
| TREATMENT/ SUPPORT | Product /Details |  | DOSE & ROUTE: |  |
| COMMENTS/ COMPLICATIONS: |  |
|  |  |

**POST PROCEDURAL MONITORING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF POST PROCEDURAL MONITORING REQUIRED: |  | RESPONSIBLE PERSON (print name): |  |  |

***Attach anaesthetic monitoring sheets for filing***.