

Mouse Survival Surgery/Anesthesia Record

PI: Jane Doe	Protocol: 1234567-01A	Date of surgery (Day 0): 7-1-21			
Personnel: JD	Procedure: XYZ Implant				
Required actions:					
<ul style="list-style-type: none"> Administer ophthalmic ointment in eyes of all anesthetized animals. Provide heat during surgery and recovery. Check pedal reflex prior to surgical incision to evaluate depth of anesthesia. Affix green surgery tag to cage card or onto cage. Complete post-operative monitoring and fill checkboxes on green surgery tag. 					
Animal ID	A1	A2	A3	A4	A5
Body weight (grams)	25	30	27	29	27
Anesthetics	Time of administration				
Isoflurane (Inhalation) 1-5% to effect	910	935	1030	1135	1225
Ketamine + Xylazine (IP) 80-100 (K) + 5 - 10 mg/kg (X)	905	930	1025	1130	1220
Analgesics (All must be used)	Time of administration				
Bupivacaine (Local) < 7 - 8 mg/kg	905	940	1030	1140	1225
Buprenorphine (SC) 0.05 - 0.1 mg/kg	905	940	1030	1140	1225
Meloxicam (SC) 5 - 10 mg/kg	905	940	1030	1140	1225
Other Agents	Time of administration				
0.9% NaCl Anti-Sedan	905	940	1030	1140	1225
	930	1015	1105	1215	1300
Anesthesia end time	940	1020	1115	1220	1310
Complications? Y/N If Y, explain on back of page.	N	N	N	N	N

POST-OPERATIVE

- Administer analgesics per Section I.4 of your approved IACUC protocol.
- Record dates and times of post-op analgesic administrations. Include researcher initials.
- If additional pain is observed, administer and record analgesic(s) below and continue to evaluate animals per Section I and J.

Animal ID	A1	A2	A3	A4	A5
Date and Time	7-1 1530	1530	1730	1730	1730
Analgesic details Day 0: 4-8 hrs. later	<input checked="" type="checkbox"/> BUPX	<input checked="" type="checkbox"/> BUPX	<input checked="" type="checkbox"/> BUPX	<input checked="" type="checkbox"/> BUPX	<input checked="" type="checkbox"/> BUPX
Initials	JD				
Date and Time	7-2 900	→			
Analgesic details Day 1: Next morning	<input checked="" type="checkbox"/> BUPX <input checked="" type="checkbox"/> Meloxicam	<input checked="" type="checkbox"/> BUPX <input checked="" type="checkbox"/> Meloxicam	<input checked="" type="checkbox"/> BUPX <input checked="" type="checkbox"/> Meloxicam	<input checked="" type="checkbox"/> BUPX <input checked="" type="checkbox"/> Meloxicam	<input checked="" type="checkbox"/> BUPX <input checked="" type="checkbox"/> Meloxicam
Initials	JD				
Date and Time	7-2 1500	→			
Analgesic details Day 1: Next afternoon	NSOP	NSOP	+ BUPX	NSOP	NSOP
Initials	JD				

A3 given more BUPX - slow to move and hunched.
OK, NSOP in afternoon.