

I. Purpose

Careful monitoring and timely attention to problems are critical in preserving animal welfare in research animals. Accordingly, ensuring that surgical and anesthesia records are sufficient is critical to both regulatory compliance and animal welfare. This policy has been created to ensure compliance with federal law and the *Guide for the Care and Use of Laboratory Animals*, Eighth Edition.

II. Regulatory or Accreditation Authority

The Guide for the Care and Use of Laboratory Animals, 8th Edition, November 2013. *Veterinary Care,* pp. 115, 119.

9 C.F.R. §2.35 Recordkeeping Requirements

AAALAC, International, FAQ Veterinary Medical Care #4

III. Scope

This policy applies to all laboratory animals at UCSF which undergo surgery or anesthesia as part of an experimental protocol.

IV. Policy

A. Record content

Complete recordkeeping demonstrates both protocol compliance and animal welfare and can aid in detecting surgical or anesthetic trends. The Guide for the Care and Use of Laboratory Animals states "Medical records are a key element of the veterinary care program and are considered critical for documenting animal well-being as well as tracking animal care and use at a facility." (p. 115)

Records documenting any survival surgery and any non-surgical anesthetic procedure lasting longer than 15 minutes must be retained by the lab. The following information must be included:

- 1. Principle Investigator (PI) name and IACUC protocol number
- 2. Title of procedure (e.g., craniotomy, MRI scan)
- 3. Date of surgery (= Day 0)
- 4. Names or initials of personnel performing the procedure and providing post-operative care
- 5. Animal IDs, species, and bodyweight(s)
- 6. Names and dosages of all agents administered before, during, and after anesthesia and/or surgery.
- 7. Times of all agent administrations
- 8. Times of full recovery by animals (i.e., animals are awake, ambulating normally)
- 9. Any complications (e.g., respiratory distress, bleeding, prolonged recovery, or unanticipated mortality) that occurred.

10. Names of all post-operative analgesia agents and dates/times of administration

Labs may use the IACUC rodent anesthesia or surgery record templates (see below) or create their own so long as the above information is included. Formats should be easy to follow, and templates should be tailored based on protocol commitments and researcher needs.

Well-known medical abbreviations (see chart below) and common abbreviations for anesthetics and analgesics may be used. Abbreviated experimental drug names may lead to confusion unless keys or similar guides are associated with records.

Checkboxes, highlighted text, and similar reminders (see example below) may be included in various sections of the record templates to help streamline documentation requirements.

B. Protocol congruency

Records must be congruent with approved procedures, agents, frequencies & total durations described in the IACUC protocols. Unapproved procedures, agents, and deviations from frequencies & total durations are non-compliances.

The day surgery is performed is Day 0. On Day 0, perform an initial post-operative monitoring upon animal's recovery from anesthesia. Monitor animal again, later in Day 0 (at the interval described in the approved protocol). Monitor animal post-operatively at least once daily for a minimum of 2 days post Day 0 (surgery), including weekends and holidays. Provide flexibility when choosing anesthetics and analgesics whenever possible. List all drugs that may be used; they may occasionally become unavailable, so it is best to include alternatives to prevent non-compliances, impacts to study data, etc.

Provide flexibility in drug administration time intervals, and use time ranges instead of defined time points (e.g., 4-8 hours post-surgery vs. at 6 hours post-surgery).

Submit protocol modifications prior to any changes in procedures, agent administrations, and/or personnel who perform anesthesia or surgery.

C. Storage and retention

Records may be stored either as paper versions or as digital databases. Records should be stored in binders if maintained as paper versions and recommended to be kept in readily accessible areas, such as surgery suites, housing room drawers, and similar non-locked locations for ease of access. Electronic records should be backed up in the event of hardware failure or similar losses.

Records should be neat, organized, legible, and made available for review by IACUC and LARC staff upon request. All non-USDA rodent anesthesia and surgery records must be retained for a minimum of one year. USDA-species records must be retained for at least three years.

Mouse Survival Surgery Record

PI:	Protocol:		.,	Date of surgery	(Day 0)·
Personnel:		Procedu	Procedure:		
Required actions:		Troccuu			
Administer ophthalmic oint	ment in eves of all a	nesthetized :	animals		
 Provide heat during surgery 	•				
 Check pedal reflex prior to s 		valuate dept	h of anesthes	sia	
 Affix green surgery tag to ca 	•	•			
 Complete post-operative m 	с		graan surgan	u tag	
Animal ID		CKDUXES UIT		y tag.	
Body weight (grams)					
Anesthetics		T:	l ne of admini	stration	
		111	ne of admini	stration	
Isoflurane (Inhalation)					
1-5% to effect					
Ketamine + Xylazine (IP)					
80-100 (K) + 5-10 mg/kg (X)					
Analgesics (All must be used)		Tii	ne of admini	stration	
Lidocaine/Bupivacaine (Local)					
< 7 - 8 mg/kg					
Buprenorphine (SC/IP)					
0.05 - 0.1 mg/kg					
Meloxicam/Carprofen (SC/IP)					
	5 - 10 mg/kg				
Other Agents	Time of administration				
Anesthesia end time					
Complications? Y/N					
If Y, explain on back of page.					

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			Example 123456
Date and Time			1/1/21 – 3pm
(Day 0)			
Analgesic details			BUPX given
Initials			
Date and Time			1/2/21 – 9am
(Day 1) - AM			
Analgesic details			CAR + BUPX
Initials			given
Date and Time			1/2/21 – 3pm
(Day 1) - PM			
Analgesic details			Animals look
Initials			good. Sutures
			are solid.

Rat Survival Surgery Record

		in Surgery Reek				
PI:	Protocol:		Date of surgery (Day 0):			
Personnel:		Procedure:	Procedure:			
Required actions:						
 Administer ophthalmic of 	intment in eyes of all ar	esthetized animal	ls.			
 Provide heat during surge 	ery and recovery.					
 Check pedal reflex prior t 	o surgical incision to ev	aluate depth of an	iesthesia.			
 Affix green surgery tag to 	cage card or onto cage					
Complete post-operative	monitoring and fill che	ckboxes on green s	surgery tag.			
Animal ID						
Body weight (grams)						
Anesthetics		Time of a	administration			
Isoflurane (Inhalation)						
1-5% to effect						
Ketamine + Xylazine (IP)						
75-100 (K) + 5-10 mg/kg (X)						
Analgesics (All must be used)		Time of a	administration			
Lidocaine/Bupivacaine (Local)						
< 7 - 8 mg/kg						
Buprenorphine (SC/IP)						
0.01 - 0.05 mg/kg						
Meloxicam/Carprofen (SC/IP)						
~2 (M) or ~5 mg/kg (C)						
Other Agents	Time of administration					
Anesthesia end time						
Complications? Y/N						
If Y, explain on back of page.						

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Animal ID			Example 123456
Date and Time (Day 0)			1/1/21 – 3pm
Analgesic details Initials			BUPX given
Date and Time (Day 1) - AM			1/2/21 – 9am
Analgesic details Initials			CAR + BUPX given
Date and Time (Day 1) - PM			1/2/21 – 3pm
Analgesic details Initials			Animals look good. Sutures are solid.

Mouse Survival Surgery Record

Mouse Survival Surgery Record					
PI: Jane Doe	Protocol: 1234567-01A Date of surgery (Day 0): 🚽			0): 🐬 – 🖊 – 🏹	
Personnel: JD	Procedure: XYZ Implant				
Required actions:					
Administer ophthalmic ointn	nent in eyes o	of all anesthetized a	animals.		
Provide heat during surgery a	and recovery				
 Check pedal reflex prior to su 	irgical incisio	n to evaluate deptl	h of anesthesia	а.	
 Affix green surgery tag to cag 	ge card or on	to cage.			
Complete post-operative mo	nitoring and	fill checkboxes on a	green surgery	tag.	
Animal ID	AL	A.2.	A3	44	A 5
Body weight (grams)	25	30	27	34	27
Anesthetics		Tir	ne of administ	tration	
Isoflurane (Inhalation)			1000		
1-5% to effect	410	435	/030	2811 C	1.495
Ketamine + Xylazine (IP)	966	930	102	- 1130	1000
80-100 (K) + 5 - 10 mg/kg (X)	1.1	430		1130	
Analgesics (All must be used)		Tir	me of administ	tration	
Bupivacaine (Local)	905	940	1000	1140	1005
< 7 - 8 mg/kg	740	770	/030	1170	1205
Buprenorphine (SC)	905	940	(930	1140	1225
0.05 - 0.1 mg/kg	1				
Meloxicam (SC)	209	940	1030	1140	12.25
5 - 10 mg/kg					
Other Agents	Time of administration				
0.9.7. N.CI	985	940	[•3•	1140	1425
Anti Selan	730	1015	1105	1415	1200
Anesthesia end time	940	1040	1115	1220	13/0
Complications? Y/N		~		N	
If Y, explain on back of page.		•••	~		2

POST-OPERATIVE

- Administer analgesics per Section I.4 of your approved IACUC protocol.
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Animal ID	AL	A2	AS	A4	A5
Date and Time	7-1 150	1630	/7 30	17.30	1730
Analgesic details					
Day 0: 4-8 hrs. later	BUPX	🌽 BUPX	📁 BUPX	BUPX	E BUPX
Initials		-	_	•	
Date and Time	7-2 900				
Analgesic details	D BUPX	BUPX	D BUPX	📁 BUPX	BUPX
Day 1: Next morning	Meloxicam	Meloxicam	🔽 Meloxicam	Meloxicam	🞾 Meloxicam
5 Initials	•	•	-		•
Date and Time	7-2 1500				
Analgesic details		_			
Day 1: Next	NSOP	NEOP	+ BURX	NSOP	NSOP
<mark>afternoon</mark>					
Initials					
AS given more BUPX - slow to move and hundred					

OK, NSOP in afternoon.

General		Body P	arts/Routes of Administration
WNL	Within Normal Limits	IV	Intravenous
NSF	No significant Findings	IP	Intraperitoneal
Δ	Change	IM	Intramuscular
NSOP	No Signs of Pain	SC/SQ	Subcutaneous
TPR	Temperature, Pulse, Respiration	ID	Intradermal
s.i.d.	Once a day	IC	Intracardiac (Not intracranial)
b.i.d.	Twice a day	IN	Intranasal
t.i.d.	Three times a day	РО	<i>per os</i> , orally
q	Every	AD	Right Ear
q4h	Every four hours	AS	Left Ear
PRN	As needed	AU	Both Ears
ad lib	as much as desired	OD	Right Eye
PE	Physical Exam	OS	Left Eye
BW/wt	Body weight	OU	Both Eyes
cc	cubic centimeter or mL	G	Gauge (needles)
tx	Treatment	gtt	drop
SX	Surgery		
fx	Fracture		
dx	Diagnosis		
bx	biopsy		
	Non-Steroidal Anti-inflammatory		
NSAID	Drug	_	
V	Vomit		
D	Diarrhea		

MEDICAL ABBREVIATION CHART (Updated 2014)

Mentation		Monito	oring
BAR	Bright, Alert, Responsive	BP	Blood pressure
QAR	Quiet, Alert, Responsive	HR	Heart Rate
QDR	Quiet, Dull, Responsive	SpO ₂	Blood Oxygen Saturation
	Eating, Drinking, Urinating,		
EDUD	Defecating, (If "H" after it, Hydrated)	MM	Mucous Membranes
LDCD	Trydrated)	CRT	Capillary refill time