

Instructions for 2021 Mouse/Rat Survival Surgery Record

Top:

1. Prefilled information is only acceptable for Principal Investigator (PI), protocol number, personnel name/initials, and name of procedure. **Date of procedure should be handwritten at the time of surgery.**
2. All **required** supportive care and post-operative documentation must be provided as stated in the bulleted points.

PI: PI Last Name	Protocol: AN ##### - ## X	Date: 1-1-21 (MM-DD-YY)
Personnel: Your Name / Initials (e.g. Jane Doe or JD)	Procedure: Name of Surgery	
REQUIRED:		
<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/card to cage card or onto cage. Complete post-operative monitoring and fill checkboxes on green surgery tag/card. 		

Middle (peri-operative section):

1. **Animal IDs** (e.g. ear tag numbers, cage numbers and identifiers, etc.) should be recorded at the time of surgery.
2. **Body Weight** in grams should be measured and recorded at the time of surgery.
3. **Times of Administration** for all anesthetics, analgesics, and any other administered agents must be recorded. Rounding to the nearest 5-minute interval is acceptable (e.g. 9:01:23 AM = 9:00 AM). **Times of administration must NOT be prefilled.**

Modify agent details (e.g. delivery route, dosages, etc.) based on your approved protocol. If any agent below is not required per Section I of your approved protocol, delete the row from the template. Under "Other Agents", prefilled agents and their doses are acceptable.

4. Time of recovery from anesthesia (animals can fully and freely ambulate within home cages) must be recorded as the **Anesthesia End Time**.
5. If complications occur during surgery, record "Y" and provide a brief explanation and describe any corrective action.

Animal ID	A1	A2			
Body Weight (grams)	30g	27g			
Anesthetics	Time of Administration				
Isoflurane (Inhalation) 1-5% to effect	905	915			
Ketamine + Xylazine (IP) 80-100 (K) + 5-10 mg/kg (X)	900	910			
Analgesics (ALL must be used)	Time of Administration				
Lidocaine/Bupivacaine (Local) 7 - 8 mg/kg	905	920			
Buprenorphine (SC/IP) 0.05 - 0.1 mg/kg	905	920			
Meloxicam/Carprofen (SC/IP) 5 - 10 mg/kg (C)	905	920			
Other Agents	Time of Administration				
SALINE (0.5 mL)	905	920			
Anesthesia End Time	930	950			
Complications? Y/N If Y, explain on back of page.	N	N			

Bottom (post-operative section):

1. **Animal IDs** (e.g. ear tag numbers, cage numbers and identifiers, etc.) should match IDs from peri-operative section.
2. **Dates and Times** of required analgesia administrations per Section I must be recorded. **Both must NOT be prefilled.**
3. **Analgesic Details** must include the **name of the administered agent(s)**. Abbreviations (e.g. Bupx for buprenorphine HCl, Mel for Meloxicam, etc.) are acceptable. Personnel who provide analgesics must record initials at each dose.
4. **If animals continue to show signs of pain after required analgesia doses**, administer additional analgesic(s) and record information in the next set of "Date and Time" and "Analgesic details" boxes. If no boxes are available, write-in at the bottom or on the back of the record template.

POST-OPERATIVE

(NOTE: Bulleted instructions omitted for clarity. See above instructions.)

Animal ID	A1	A2			
Date and Time	1-1-21 1400	1400			
Analgesic Details JD Initials	Bupx	Bupx			
Date and Time	1-2-21 900	900			
Analgesic details JD Initials	Mel+Bupx	Mel+Bupx			
Date and Time	1-2-21 1400	1400			
Analgesic details JD Initials	NSOP (No signs of pain)	hunched+slow Bupx			

JD

1-2-21 1800
NSOP