

Mouse Anesthesia/Surgery/Post-Operative Record

PI		Protocol #			
Personnel		Surgery Type Survival			
Date		Experimental agents administered			
Procedure name					
Anesthetics used (Circle if used)	(1) Isoflurane (2) Ketamine + Xylazine	Dose + Route (mg/kg)	(1) 1%-5% to effect (2) 80-100 K + 10-20 X	(1) Inhalation (2) IP	
Analgesics used (All must be used)	(1) Lidocaine -OR- Bupivacaine (2) Buprenorphine (3) Meloxicam -OR- Carprofen	Dose + Route (mg/kg)	(1) < 7-8 (2) 0.05-0.1 (3) 5-10 (Mel) -OR- ~5 (Car)	(1) Local (2) SC/IP (3) SC/IP/PO	
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 completed green surgery tag to cage card or onto cage. 					
Animal ID / Cage #					
Body weight (grams)					
Anesthesia start time					
Analgesics	Time of administration				
Lidocaine -OR- Bupivacaine					
Buprenorphine					
Meloxicam -OR- Carprofen					
Other Agents	Time of administration				
Anesthesia end time					
Complications? Y/N If Y, explain on back of page.					

POST-OPERATIVE

- **Record dates and times** of post-op observations and analgesic administrations. **Include researcher initials.**
- **Checkboxes below indicate required doses of analgesia.** If an NSOP (no signs of pain) checkbox is also included, observe animals for signs of pain. If pain is observed, administer analgesic(s), check box(es), and re-evaluate animals again per Section I. If no pain is observed, check the NSOP box and continue all other monitoring per protocol.

Animal or Cage ID #					123456
Date and Time					1/1/21 – 3pm
Analgesic details _____ Initials	Read Section I of your protocol.	Use checkboxes below and copy into this table.	An example is given to the right for a →	Jan. 1 surgery and all post-OP care.	<input checked="" type="checkbox"/> Bupx
Date and Time					1/2/21 – 9am
Analgesic details _____ Initials					<input checked="" type="checkbox"/> Mel/Car <input checked="" type="checkbox"/> Bupx
Date and Time					1/2/21 – 3pm
Analgesic details _____ Initials	<input type="checkbox"/> Bupx <input type="checkbox"/> Mel/Car <input type="checkbox"/> NSOP				<input type="checkbox"/> Bupx <input checked="" type="checkbox"/> NSOP