Division of Comparative Medicine University of South Florida

General Anesthesia Log Page____of____

Principal Investigator:	IACUC#:	USDA ID (tag#/Tattoo):	USF ID #:
Date of Pre-procedural Assessment &	Condition:	Body Weight:	Technician:
Planned Procedure:		Anesthetic Plan:	

Time	Resp. Rate / Depth	Mucus Membrane Color	O2 rate	% Iso (or cc Injected)	Pinch Response	Comments: (Induction time, Intra-procedure assessments, complications, incision, additional anesthesia/change in anesthesia, etc.) make general comment for all; indicate exceptions	Tech

Time of Procedure Completion:	Time of Recovery (if applicable):	Time of Euthanasia (if applicable):

 $Resp Rate / Depth = Normal (N), Shallow (S), Increased (\uparrow), Decreased (\downarrow) Mucus Membranes = Normal (N), or color (i.e.: pink, pale, blue) Interdigital Pinch = None/negative (-) or Responsive/positive (+) Monitor Intervals = every 15min$