

**GRAND CANYON ANESTHESIA
ANESTHESIA RECORD**

Date: _____

Patient Sticker

Endo Physician: _____

Procedure: _____

- EGD**
- with Dilation
 - with Biopsy
 - EUS
 - Ablation
 - Banding
 - Polypectomy

- Colonoscopy**
- Screen only no biopsy
 - Biopsies
 - Polypectomy

- Surgical Procedures**
- Hemorrhoid Banding
 - EUS
 - EUS w/fine needle aspiration
 - Flexible Sigmoidoscopy

If GA mark:

PFI: _____

PFE: _____

Diagnosis:

- Screening
- Vomiting
- Anemia
- Nausea
- Rectal Bleeding
- GERD
- Personal Hx of Polyps
- Family Hx of Cancer
- Abdominal Pain
- Dysphagia
- Diarrhea
- Family Hx of Polyps
- Change in Bowel Habits

Other: _____

Relief CRNA: _____ Relief Time: _____

Anes Start: _____ Enter OR: _____ Surg/Proc Start: _____ Exit OR: _____ Anes End: _____

TIME														Totals:	
Agents/Doses	O2 (L/min)														Propofol
	Propofol (mg)														_____ mg
	Lidocaine (mg)														_____ mg
	Ondansetron (mg)														_____ mg
LEGEND		SP02													Fentanyl
v BP	• Pulse	ECG													_____ mcg
^		etCO2													Midazolam
															_____ mg
															COMMENTS
		200													
PREANESTHETIC CHECK															
<input type="checkbox"/> Patient ID															
<input type="checkbox"/> Informed Consent															
<input type="checkbox"/> Pre-Induction Re-evaluation															
<input type="checkbox"/> Airway Assessment															
<input type="checkbox"/> Alarms		150													
<input type="checkbox"/> Suction															
<input type="checkbox"/> O2 Supply															
MONITORS		100													
<input type="checkbox"/> SpO2															
<input type="checkbox"/> ECG Lead: II															
<input type="checkbox"/> NIPB															
<input type="checkbox"/> EtCO2															
ANESTHETIC		50													
<input type="checkbox"/> General															
<input type="checkbox"/> MAC															

REMARKS: O2 via _____ Nasal Cannula _____ Facemask

Patient placed in _____ Left Lateral _____ Right Lateral

_____ Trendelenberg _____ Supine _____ Prone

Airway inserted: _____ Oral _____ Nasal

Bite Block Inserted: _____

IV Site: _____

Gauge: _____

Recovery Room Time: BP: _____ HR: _____ RR: _____ SpO2: _____ Temp: _____

Post Anesthesia Orders:

1. Oxygen 2-6L/min to maintain O2 Sat to _____

Fluid Summary: _____ mL 0.9% Normal Saline

Awake Arousable Unresponsive

Patient transferred to recovery in stable condition

Report given to RN

> or = to pre-procedure

2. Other _____

_____ MD (INITIALS) I was immediately available throughout the case.

Signature CRNA _____

Date _____

Time _____

Signature Anesthesiologist _____

Date _____

Time _____