CENTURION ANESTHESIA
AMBULATORY AND OFFICE BASED ANESTHESIA

NAME: MED REC #:

ANESTHESIA RECORD HISTORY & PHYSICAL

Office / ASC:

SURGEON(S)

ANESTHESIA PROVIDER(S) / SIGNATURE

AGE: DOB: HT: WT:

BP: HR: SPO2: TEMP:

DATE:	OR #	IV GAUGE	SITE ☐ R ☐ L	ANESTHESIA TECHNIQUE: GEN - REG - IV Sed - L/MAC	ASA PRIOR TO INDUCTION 1 2 3 4 5 6 E
ANESTHESIA TIME START: STOP:		Surgery Start _____ End _____		ALLERGIES:	☐ NKDA ☐ Pre Op Abx Time: _____

☐ **"TIME OUT" PERFORMED** (Correct Patient, Correct Procedure, Correct Side/Site, Correct Position, Special Anesthesia Equipment)

TIME

O_2	L/M
N_2O / Agent	L/M
Fentanyl (mcg)	
Versed (mg)	
Propofol (mg)	
Lidocaine (mg)	
EKG	
FIO_2	
SpO_2	
$ETCO_2$	
IV Fluids: NS / LR	

MONITORS & EQUIPMENT

☐ NIBP ☐ R ☐ L
____ q ____ min
☐ O_2/N_2O/Agent
☐ Airway Humidifier
☐ Blanket Warmer Upper/Lower/Body
☐ Fluid Warmer
☐ OG / NG #_____ Fr
☐ Steth PC / ESO

SYMBOLS

⊙ Operation
↓ NIBP
⊥T Arterial BP
• PULSE

VENTILATION

O Spontaneous
Ø Assisted
⊗ Mechanical

200 180 160 140 120 100 80 60 40 20

DIAGNOSIS

Dx: _____

Procedure:
☐ Rt ☐ Lt ☐ Other ☐ UE ☐ LE
☐ AV Fistulogram ☐ ESWL
☐ Angiogram / Angioplasty
☐ Atherectomy ☐ Thrombectomy
☐ Other: _____

PATIENT SAFETY

☐ Anesthesia equipment ____ checked

ARMS
☐ padded
☐ restraints
☐ at side
☐ ABD less than 90°

EYES
☐ taped
☐ lubed
☐ padded
☐ goggles

AIRWAY

☐ NP
☐ O_2 mask
☐ Mask
☐ Airway O / N
☐ LMA #_____
☐ ETT / NTT #_____ mmID
☐ Secured at _____cm

INTUBATION
☐ Blind
☐ Direct - blade #_____
☐ McGills Forceps
☐ Fiberoptic
☐ Easy
☐ Difficult (see notes)

REGIONAL

☐ Spinal ☐ Epidural
☐ Other: _____
Position: _____
Prep: _____
Local: _____
Needle: _____
Drug(s)/Dose: _____
Site: _____
Attempts x : _____
Positive Twitch: mA: _____
☐ Nerve Stim: _____
ADJ: _____
☐ See Remarks

RECOVERY

Location: PACU
Time in: _____
RA - NP - FM
Awake - Responsive
BP: _____ P: _____
R: _____ T: _____
SpO2: _____ % O : _____ L/M

SURGICAL / ANESTHETIC HISTORY
☐ No personal or family history of anesthetic complication

SOCIAL HISTORY ☐ N ☐ Y Smoking ___ppd ☐ Quit
☐ N ☐ Y Alcohol _____ ☐ N ☐ Y Drugs _____

AIRWAY / HEAD & NECK ☐ No apparent airway problems
MP: I II III IV HM DIST: <6 >6
☐ Large neck circ ROM ☐ full ☐ ltd

TEETH ☐ Appear normal ☐ No loose teeth ☐ Beard
☐ Decayed ☐ Cracked ☐ Missing
☐ Dentures Full: Upper / Lower • Partial: Upper / Lower

RESPIRATORY ☐ WNL
☐ Asthma ☐ Last attack
☐ COPD
☐ Sleep Apnea Bipap ☐ Y ☐ N

CARDIOVASCULAR ☐ WNL
☐ HTN ☐ PPM ☐ AICD
☐ Hypercholesterolemia / Hyperlipidemia
☐ CAD/MI ☐ PCA w/stent
☐ CHF
Exercise Tolerance ☐ >4 METS ☐ <4 METS
☐ Pt denies H/O CP/SOB
☐ CVA / TIA's Date_____
☐ Residual Weakness ☐ R ☐ L

RENAL / ENDOCRINE ☐ WNL
☐ Diabetes: NIDDM / IDDM ☐ BGM DOS _____
☐ Renal Failure / Dialysis ☐ Date of last HD_____
☐ Thyroid Disease ☐ ↑ ☐ ↓

NPO ☐ >6 hrs. solids ☐ >2 hrs. clear liquids

CURRENT MEDICATIONS:
_____
_____
_____
_____
_____

OTHER
☐ Coagulopathy
☐ Obesity
☐ Psychiatric Hx
☐ Anemia
☐ GERD / Reflux
☐ Glaucoma
☐ Osteoporosis
☐ Pregnancy
☐ Dementia

PHYSICAL EXAM

HEENT ☐ WNL
CNS ☐ A&O x 3
CVS ☐ RRR
LUNGS ☐ CTA BL

LABORATORY & DIAGNOSTIC STUDIES

EKG ☐ WNL
CXR
HCG ☐ Negative
OTHER