

Patient name \_\_\_\_\_  
 Client name \_\_\_\_\_  
 Weight \_\_\_\_\_  
 Planned procedure \_\_\_\_\_  
 Current meds and known allergies \_\_\_\_\_  
 Patient fasted? Yes or No \_\_\_\_\_



Surgical preparation	OR: Prior to skin incision	OR: Before closure	Before leaving the OR
HVS consent form signed <input type="checkbox"/>	Team introductions <input type="checkbox"/>	Gauze count <input type="checkbox"/>	Purse string removed <input type="checkbox"/>
CPR code status <input type="checkbox"/>	ER drug sheet in the OR <input type="checkbox"/>	Instrument and needle count <input type="checkbox"/>	Cage warming begun <input type="checkbox"/>
Preop BW reveiwed by DVM <input type="checkbox"/>	Sterility checked <input type="checkbox"/>	All procedures performed <input type="checkbox"/>	Help for transport notified <input type="checkbox"/>
Imaging reviewed by DVM <input type="checkbox"/>	Induction drug available in the OR <input type="checkbox"/>	Biopsy/culture (ID and label) <input type="checkbox"/>	Post op imaging <input type="checkbox"/>
Airway equipment check <input type="checkbox"/>	Purse string placed <input type="checkbox"/>	Local block performed <input type="checkbox"/>	Monitoring orders <input type="checkbox"/>
ET cuff checked <input type="checkbox"/>	Safety concerns communicated <input type="checkbox"/>		Pain mgmnt plan <input type="checkbox"/>
Anesthetic machine checked <input type="checkbox"/>	Antibiotic prophylaxis <input type="checkbox"/>		Antibiotic plan <input type="checkbox"/>
Oxygen level checked <input type="checkbox"/>	cefazolin 22mg/kg at induction and every 90 minutes <input type="checkbox"/>		IVF plan <input type="checkbox"/>
Blood transfusion <input type="checkbox"/>	Eyes lubed <input type="checkbox"/>		Incision care plan <input type="checkbox"/>
type, x match, availability <input type="checkbox"/>	Patient warming in place <input type="checkbox"/>		Nail trim <input type="checkbox"/>
IVC placed <input type="checkbox"/>	Gauze count <input type="checkbox"/>		Feeding instructions <input type="checkbox"/>
Special equipment needs <input type="checkbox"/>	Instrument and needle count <input type="checkbox"/>		Remove sharps <input type="checkbox"/>
Verify site of body <input type="checkbox"/>	IVF running and rate checked <input type="checkbox"/>		
Owner contacted prior to sx? <input type="checkbox"/>			
Sx site prep outside of the OR <input type="checkbox"/>			
Bladder expressed <input type="checkbox"/>			

Anesthesia recommendations:

Cerenia 1mg/kg SQ upon intake

Premed

Induction (choose 1)

buprenorphine or pure mu agonist + midazolam or diazepam

Propofol 4-6mg/kg to effect

Alfaxalone 2mg/kg dog, 5mg/kg cat to effect

Ketamine/midazolam or diazepam

Surgical rate of IV fluids

5ml/kg/hr dogs and 3ml/kg/hr cats

+ acepromazine or dexdom PRN  
 (For young and fractious pt)