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# Animal Ethics Committee (AEC)

### ~ **MONITORING SHEET TEMPLATE: ANAESTHETIC/SURGICAL** ~

Ethics Approval for Research Involving Animals

**Instructions**

* Insert Principal Investigator or Supervisor’s name and the emergency contact numbers in the space provided on the monitoring sheets. These should be consistent with the AEC Application and Approval.
* Monitoring frequency will vary from twice daily after surgery and decrease as the animal improves.
* These monitoring records are intended to be applicable to a wide range of projects, if you would like to use a different monitoring sheet please contact the Ethics Office (animalethics@une.edu.au).

**Monitoring sheet: Anaesthetic/Surgical:**

* This sheet is for use during anaesthesia +/- surgery.
* Each sheet may only be used to monitor the anaesthetic for an individual animal.
* **‘Key events’** during the procedure may be marked by a number or symbol and explained in the **‘Surgical notes’** section.

**Monitoring Sheet: Anaesthetic/Surgical**

|  |  |
| --- | --- |
| **Authority Number** | AEC |
| **Project Title** |  |
| **Principal Investigator/Supervisor’s Name** |  |
| **Emergency Phone No. (work/mobile)** |  |
| **Cage No’s** |  |
| **Room No** |  |
| **Strain** |  |
| **Animal ID No’s** |  |
| **Anaesthetist/Surgeon** |  |
| **Date** |  |
| **Pre-anaesthetic exam**Weight: gCoat condition:Behaviour/mentation:Other comments: | Resting respiratory rate:Hydration status:Capillary refill time: |
| **Anaesthetic:**Start time: | End time: |

 Mins 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 105

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Iso % |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oxygen L/min |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Withdrawal reflex |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Resp rate (breaths/min) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin colour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Capillary refill time (sec) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temp (°C) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medications |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Key events |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *OTHER MONITORING CRITERIA*  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Normative data:**

**Rats:** resp rate 85 breaths/min , CRT<1 sec, temp 37.5°C, heart rate 300-500 beats/min, systolic blood pressure 166 mm Hg.

**Mice:** resp rate 163 breaths/min, CRT<1sec, temp 37-37.2°C, heart rate 310-840 beats/min, systolic blood pressure 133- 160 mm Hg.

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| **Surgery notes:** |
| **Medications:** |
| **Key** | **Drug** | **Dose (mg and ml)** | **Route** | **Comments** |
| a |  |  |  |  |
| b |  |  |  |  |
| c |  |  |  |  |
| d |  |  |  |  |
| e |  |  |  |  |
| f |  |  |  |  |
| g |  |  |  |  |
| h |  |  |  |  |