

ANESTHESIA WORKSHEET

PLEASE USE BLACK INK – PRINT CLEARLY

Case Label Here

Anesthesia provider: _____
First and Last Name

IN ROOM: Date/Time ___/___/___ @ _____	Blood Pressure: Avg: ___/___ Low: ___/___ Duration: ___ High: ___/___ Duration: ___
INCISION: Date/Time ___/___/___ @ _____	Heart Rate: Avg: ___/___ Low: ___/___ Duration: ___ High: ___/___ Duration: ___
CROSS CLAMP: Date/Time ___/___/___ @ _____	SpO₂: Avg: ___/___ Low: ___/___ Duration: ___ High: ___/___ Duration: ___
STA EXIT OR: Date/Time ___/___/___ @ _____	Last hour urine output: _____ Total UOP in OR: _____

CUMULATIVE FLUID TOTALS:	CRYSTALLOIDS: NAME _____ ml
	NAME _____ ml
	NAME _____ ml
	NAME _____ ml
	ALBUMIN: Albumin _____ Gm25% _____ Gm5%
BLOOD PRODUCTS TOTALS:	OTHER COLLOIDS: NAME _____ ml
	PRBC: _____ UNITS FFP: _____ UNITS

MEDICATIONS GIVEN	HEPARIN: Dosage (with units): _____ Time: _____
	MANNITOL: Dosage (with units): _____ Time: _____
	LASIX: Dosage (with units): _____ Time: _____
	PARALYTIC: NAME: _____ Dosage (with units): _____ Time: _____
	OTHER: NAME: _____ Dosage (with units): _____ Time: _____
	OTHER: NAME: _____ Dosage (with units): _____ Time: _____

CONTINUOUS INFUSIONS:	NAME: _____ Dosage (with units): _____ Start Time: _____ Stop Time: _____
	NAME: _____ Dosage (with units): _____ Start Time: _____ Stop Time: _____
	NAME: _____ Dosage (with units): _____ Start Time: _____ Stop Time: _____
	NAME: _____ Dosage (with units): _____ Start Time: _____ Stop Time: _____

1. A **neuromuscular block agent** should be administered at the beginning of the case.
2. If an **NG tube** is not present, please insert one and connect to continuous suction.
3. Maintain the donor on **100% FiO₂** for maximum oxygenation. SaO₂ should be maintained greater than 90% and donor's temperature should be greater than 36°C unless otherwise instructed.
4. A-line and CVP monitoring is necessary. Maintain **SBP at > 90** systolic with **colloids and crystalloids**. The vasopressor of choice is **Dopamine**. If B/P falls below 90, please notify coordinator or surgeon. Ask coordinator if blood is available on hold in blood bank.
5. **Maintain urine output > 100 ml/hr**. If there is sudden decrease or if it becomes sluggish, please notify the coordinator or surgeon.
6. The coordinator may provide several red and yellow top tubes to be filled with blood prior to Heparin being given.
7. **The coordinator may ask for blood to draw: Lytes with BUN, creatinine, ABGs, and H/H.**
8. If you have further questions, please feel free to ask _____ (coordinator) or _____ (coordinator)
9. Please have the following available: (*items provided by coordinator if needed)
 - a. Several liters of crystalloids/colloids
 - b. Heparin 20,000-30,000 units (provided by coordinator)
 - c. In pediatric cases, Heparin dose is 300 u/kg