**טופס מעקב הרדמה Anesthesia Form -**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| חוקר PI | |  | | תאריך Date | | |  | |
| הליך Procedure | |  | | מנתח/ים Surgeon | | |  | |
| בע"ח Species | |  | | מרדים Anesthetist | | |  | |
| מספר ID |  | גיל Age |  | מין Sex | M | F | משקלBW |  |

PRE ANESTHETIC DRUGS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| תרופה Drug | מינון Dose mg/kg | כמות Volume | צורת מתן Route | זמן Time |
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| Ml fluids | Isoflurane% | O2L/min | BP | EtCO2 | SpO2 | RR | HR | Temp | Time |
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Fluids: Saline\_\_\_\_ LRS\_\_\_\_ Other\_\_\_\_

Total Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_