



PI:	Surgeon:	Date of Surgery:
Contact Phone #:	Contact Email:	
Cage Card/Animal ID:	ACC Protocol #:	
Surgical Procedure:	Surgical Classification:	

**Post-Operative Monitoring Form**

*Post-operative monitoring must be in accordance with approved protocol and surgical classification requirements (see table below)*

<b>Analgesic:</b>	<b>Concentration(mg/mL):</b>	<b>Dosage(mg/kg):</b>	<b>Volume (mL):</b>	<b>Route:</b>
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**Analgesic Administration** (One Column May Be Used For All Animals)

<b>Date</b>							
<b>Time</b>							
<b>Initials</b>							

**Animal Monitoring** (One Line May Be Used For All Animals)

Date	Time	Animal Score*	Surgical Site OK? (check one box)	Observations/Comments – Note animal ID when referring to specific animals **If complications arise, please contact veterinary staff***	Initials
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Animal Score: 1 = Active 2 = Inactive 3 = Moribund 4 = Found Dead

DATE RELEASED FROM POST-OP MONITORING (sutures/clips removed, surgical site healed, and animals appear healthy or euthanized) \_\_\_\_\_

After release from monitoring, **take this form to your lab** for future review during facility inspections

**Surgical Classification and Recommendations**

Surgical Classification		Class 1 Mild Pain	Class 2 Moderate Pain	Class 3 Moderate/Severe Pain	Class 4 Severe Pain
Procedures		Craniotomy with implant Dental extractions Ocular procedures Subcutaneous implant Skin biopsy/wound Tracheal injections Vessel cut down/cannulation	Embryo transfer Simple laparotomy	Laparotomy with major organ manipulation/removal Organ transplant Orthopedics	Hindlimb ischemia Thoracotomy
Minimum Post-Operative Monitoring	Week 1	First 2 consecutive days after surgery	First 2 consecutive days after surgery	First 3 consecutive days after surgery	First 3 consecutive days after surgery
	Week 2	2 additional days of monitoring separated by 3-4 days			
Minimum Post-Operative Analgesia		12 hours	36 hours	60 hours	60 hours