THE UNIVERSITY OF WINNIPEG

University Animal Care Committee (UACC)

Schedule 1: Surgery, Anesthesia and Chemical Restraint

Revised July 2015

Part 1 Anesthesia and/or Chemical restraint.				
1.1 Anesthesia or Chemical Restraint agent				
Purpose (e.g Induction, anesthetic for surgery or chemical restraint)	Agent name and dose in mg/kg or % concentration for inhalants	Route of administration (e.g. I.M., I.V. chamber)	Duration of anesthesia or restraint	Additional or top up dose if required
1.2 Describe how the anesthesia/chemical restraint procedures are to be performed (if they have not already been described in detail.) Include details on endotracheal tube placement, use of neuromuscular blockers, local anesthetics, fluid therapy, and any other drugs administered prior to the procedure.				
1.3Describe how the proper level of anesthesia or chemical restraint will be evaluated. Include detail on how frequently this will be done.				

1.4 Describe the care provided in the post anesthesia/post chemical restraint period. If multiple events are required, include information of the interval between events.

Part 2 Surgery
2.1 List and describe the surgical procedures to be performed (if they have not already been described in detail in Part 1.). Include preoperative activities such as fluid therapy, surgical site preparation and any drugs administered prior to the procedure.
2.2 Who will perform the surgery and or assist with surgery?

2.2.1 Type or print name of Surgeon and assistant	Signature of surgeon and assistant

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2.2.2 Individually describe the experience and competence of the surgical personnel.

2.3 Is this a recovery surgery? ☐ Yes ☐ No				
2.3.1 If yes, will analgesic(s) be used? ☐ Yes ☐ No				
Agent name	Dose (mg/kg)	Quantity Range (ml)	Route	Frequency and duration of action

2.4 What criteria will be used to extend the period of analgesia, and what dose will be used?

2.5 If no analgesics are to be used, please provide a scientific justification for withholding analgesics.
2.6 Describe the short-term (up to 24 hr.) and long-term effects of the surgery.
2.7 Please provide a written summary of your post-operative care plan. Include for how long the patient will be monitored and what criteria will be used to end monitoring.

2.8 Type or print name of post op monitor	Signature of post op monitor

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2.9 Individually describe the experience and competence of the post op care personnel.
2.10 Where will surgical recovery take place? (Please give the location of the facility.)