

USC Program of Nurse Anesthesia

Adult Care Plan

Date / / OR _____

Case # for day _____ Age _____ Ht _____ Wt _____ ASAClass _____

Procedure _____ Estimated Surgical Time _____

Position _____ CRNA _____ Anesthesiologist _____

Labs ----- | ----- | ----- < > ----- < EKG _____

CXR _____

Medications (include OTC and herbals):

Allergies (include reaction):

Previous Surgical History (including patient/family history of anesthetic complications):

Summary of Surgical Procedure:

Preoperative Vital Signs:

Airway Exam/Dental Concerns:

Pertinent Review of Systems/Prioritized Problem List:

Monitors:

Special Equipment:

Primary Anesthetic Plan and Rationale

Pre-op

Airway Management

Induction

Maintenance (including vent settings)

Emergence

Post-op Pain Management

Backup/Emergency Plan and Rationale

Pre-op

Airway Management

Induction

Maintenance (including vent settings)

Emergence

Post-op Pain Management

Perioperative Fluid Plan

EBV: _____ (cc/kg) ABL _____ (to HCT of _____%) Estimated EBL _____

Type & Screen/Crossmatch No _____ Yes _____ for _____ units

Hour	EBL	Blood 1:1 EBL	Colloid 1:1 EBL	Crystalloid EFD	Crystalloid PFR	Crystalloid 3 X EBL	Total
1st hour				1/2 =			
2nd hour				1/4 =			
3rd hour				1/4 =			
4th hour							

Medication Interactions:

Positioning Concerns:

Anticipated Problems

Anesthetic Considerations

Interventions

Pre-op:

Intra-op:

Post-op: