

SUPPLEMENTAL ANESTHESIA RECORD ABSTRACTION FORM

NINS CASE #: _____

Instructions:

- Complete this form **only if you cannot send** a de-identified copy of the anesthesia record.
- Write the Actual Time [AT], (e.g. 8:45, 9:15, 9:45) in the first column on this form.
- 0 BP time point is the first documented BP point on anesthesia record.
- Check the end time and start time from page to page on anesthesia record.
- For missing systolic or diastolic points on this form: enter -1.

AT	Time (min.)	Systolic	Diastolic	End tidal agent concentration or dose of anesthetic agent infusion (name, dose)	Narcotic, sedative, or vasoactive medication administered (name, dose)	Blood products/fluids administered (specify units)
	0					
	5					
	10					
	15					
	20					
	25					
	30					
	35					
	40					
	45					
	50					
	55					
	60					
	65					
	70					
	75					
	80					
	85					
	90					
	95					
	100					
	105					
	110					
	115					
	120					

AT	Time (min.)	Systolic	Diastolic	End tidal agent concentration or dose of anesthetic agent infusion (name, dose)	Narcotic, sedative, or vasoactive medication administered (name, dose)	Blood products/fluids administered (specify units)
	125					
	130					
	135					
	140					
	145					
	150					
	155					
	160					
	165					
	170					
	175					
	180					
	185					
	190					
	195					
	200					
	205					
	210					
	215					
	220					
	225					
	230					
	235					
	240					
	245					
	250					
	260					
	270					
	280					
	290					
	300					