

Pre-anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>
Patient name, owner consent and procedure confirmed		
Intravenous cannula placed and patent		
Airway equipment available and functioning		
ET Cuffs checked		
Anaesthetic machine checked		
APL Valve OPEN		
Person assigned to monitor patient		
Risks identified and communicated		

Pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>
Patient name and procedure confirmed		
Depth of anaesthesia appropriate		
Safety concerns communicated		

Patient ID		ASA Score	1	2	3	4	5	E
Patient name		Client name						
Species		Breed						
Age		Weight						

Recovery checks	<input type="checkbox"/>	<input type="checkbox"/>
Safety concerns communicated		
Assessment and intervention plan confirmed		
Person assigned to monitor patient		

Pre- anaesthetic notes

Recovery notes



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