

Pre-Anaesthesia Check List

Date: **Horse Name:** **Owner Name:**

Anaesthetist: **Procedure:**

Anatomical Location:

Anaesthetic Machine

Pre-Induction

- | | | |
|---------------------------------------|--|--------------------------|
| Primary oxygen source checked | <input type="checkbox"/> Patient name, owner consent and procedure confirmed | <input type="checkbox"/> |
| Back-up oxygen available | <input type="checkbox"/> Surgical risks discussed with owner | <input type="checkbox"/> |
| Oxygen alarm working | <input type="checkbox"/> Anaesthetic risks discussed with owner | <input type="checkbox"/> |
| Flowmeters working | <input type="checkbox"/> IV cannula placed and patent | <input type="checkbox"/> |
| Vaporiser attached and full | <input type="checkbox"/> Airway equipment available and functioning | <input type="checkbox"/> |
| Scavenging checked | <input type="checkbox"/> Anaesthetic machine checked | <input type="checkbox"/> |
| Monitoring equipment functioning | <input type="checkbox"/> Adequate oxygen for proposed procedure | <input type="checkbox"/> |
| Emergency equipment and drugs checked | <input type="checkbox"/> Breathing system connected and leak free | <input type="checkbox"/> |
| Anaesthetic machine passes leak test | <input type="checkbox"/> Risks identified and communicated | <input type="checkbox"/> |
| | Emergency interventions available | <input type="checkbox"/> |

Drugs / Equipment

- | | | |
|--|---|--------------------------|
| Endotracheal tubes (cuffs checked) | <input type="checkbox"/> Pre-Procedure | |
| Demand valve checked | <input type="checkbox"/> Patient name and procedure confirmed | <input type="checkbox"/> |
| Epinephrine/adrenaline available | <input type="checkbox"/> Depth of anaesthesia appropriate | <input type="checkbox"/> |
| Atropine available | <input type="checkbox"/> Safety concerns communicated | <input type="checkbox"/> |
| Antagonists available | <input type="checkbox"/> | |
| Intravenous cannulae available | <input type="checkbox"/> Recovery | |
| Isotonic crystalloid solutions available | <input type="checkbox"/> Safety concerns communicated (airway, breathing, circulation, body temperature and pain) | <input type="checkbox"/> |
| Fluid administration sets available | <input type="checkbox"/> Assessment and intervention plan confirmed | <input type="checkbox"/> |
| | Analgesic plan confirmed | <input type="checkbox"/> |
| | Person assigned to monitor patient | <input type="checkbox"/> |