



King Saud University
College of Medicine
Department of Anesthesia

Log Book

For

Anesthesia Student
(CMED-045)

Organized By

Dr. Tariq Al-Zahrani

Chairman Department Of Anesthesia

And

Undergraduate Education Committee

Student Name:-----

Computer Number: -----

Date: From: ----- to :-----



PREOPERATIVE VISIT CASE # DATE:

Date: _____ Time: _____

Surgery Proposed: _____

Surgery Performed: _____

Preoperative Assessment: _____

Present History: _____

Past History: _____

Family History: _____

Drugs Therapy: _____

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp.: _____

General Condition: _____

Premedication: _____

Consultant Signature: _____ Date: _____



INTRA-OPERATIVE RECORD **CASE #** **DATE :**

MONITORING

- EKG _____
- BP Cuff _____
- Pulse Oximeter _____
- Capnograph _____
- Gas/Vapor Analyzer _____
- Temperature,N,R,S
- P.Nerve Stimulator
- Stethoscope Esoph /Prec
- Urinary Catheter # _____
- NG Tube # _____
- TEE
- CVP _____
- PAC _____
- Arterial Line/s _____

MASK VENTILATION

- Easy
- Difficult

INTUBATION

- Easy
- Atraumatic
- Difficult
- Awake
- Fiberoptic
- ETT Size
- ETT Type
- ETT Position Check

Laryngoscopy View

- 1 2 3 4

MEDICATIONS

INDUCTION TECHNIQUE

- Pre-Oxygenation
- Intravenous
- Cricoid Pressure
- Rapid Sequence
- Inhalation

VENTILATION

- Spontaneous
- Mechanical Ventilation
- VC PC
- R _____/min IP _____ cm H2O
- Vt _____ ml I:E Ratio _____
- PEEP /CPAP _____ cmH2O

CIRCUIT

- Mask/Prongs
- Venturi
- Coaxial
- Semi closed
- H M Exchanger
- Bacterial - Viral Filter

- One Lung
- Volume /Press Alarms
- O2 Concentration Alarm

TECHNICAL

- Eyes Taped
- Eyes Lubricated
- Face Protected
- Press Areas Padded

POSITION

- Supine
- Lateral
- Prone
- Lithotomy
- Kidney
- Sitting
- Trendelenburg

PERIPHERAL IV SITES

- _____ # _____
- _____ # _____
- _____ # _____

- Micropore Blood Filter
- Tourniquet Site _____
- On _____ Off _____

REGIONAL BLOCKS

- SPINAL
- EPIDURAL
- COMBINED
- CAUDAL
- BRACHIAL PLX
- ANKLE
- LUMBO-SACRAL PLX
- PARAVERTEBRAL
- PERINERVE BLOCK
- OTHERS

- U/S GUIDED BLOCK P.Nerve Stimulator
- PATIENT POSITION _____
- SITE / INTERSPACE _____
- APPROACH _____
- NEEDLE TYPE _____ SIZE _____
- LOR: **AIR** **SALINE**
- DEPTH YO EPIDURAL SPACE _____
- CATHETER LENGTH AT SKIN _____
- SENSORY BLOCK LEVEL _____

- CSF NO YES
- BLOOD NO YES
- NUMBER OF ATTEMPTS _____
- DIFFICULT
- FAILED
- COMPLICATIONS
- TEST DOSE _____
- DRUGS _____
- INFUSION _____



RECOVERY ROOM RECORD CASE# DATE:

Time of Arrival: _____ Date: _____ Theater No: _____

Surgeon: _____ Surgical Procedure: _____

Anesthesia: _____

SKIN COLOR	CIRCULATION	OXYGEN

MEDICATION GIVEN	AMOUNT	ROUTE

	AMOUNT	COLOURE
URINE		
EMESIS		



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Clinical: _____ Chest: _____ Heart: _____

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- CATHETER LENGTH AT SKIN _____
- SENSORY BLOCK LEVEL _____

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- NUMBER OF ATTEMPTS _____
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- FAILED
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Airway Adjuncts and Intubation

Mouth-to-Mask Ventilation with Supplemental Oxygen

Performance Steps	✓ if done correctly
Connect oxygen line with 10 – 15 L flow.	
Establish airway by head-tilt, chin lift.	
Insert Oropharyngeal airway with proper technique.	
Establish seal with mask.	
Ventilate mouth-to-mask	

Bag-Mask Ventilation

Performance Steps	✓ if done correctly
Perform head tilt-chin lift	
Perform suctioning within 10 seconds	
Assembles bag and chooses appropriate size mask	
Choose appropriate size OPA (Oropharyngeal Airway) or NPA (Nasopharyngeal Airway) and Inserts device	
Hold and seal mask with 1 hand	
Ventilate at proper rate (1 breath every 5 to 6 seconds)	
Produce noticeable chest rise	
Deliver each ventilation over 1 second	
Release bag completely between ventilations	
Hold and seals mask correctly with 2 hands	
Apply cricoid pressure	



Adult Intubation

Performance Steps	√ if done correctly
Assume ventilation is in progress.	
Assemble and checks all necessary equipments	
Choose appropriate size ET tube	
Choose appropriate type (straight or curved) and size laryngoscope blade	
Check light ,Tests ET tube cuff integrity	
Insert the stylet and lubricates the ET tube	
Place head in neutral or sniffing position	
Clear airway if needed	
Insert laryngoscope blade	
Hold laryngoscope in left hand.	
Insert laryngoscope in right side of mouth, moving tongue to the left.	
Visualize epiglottis, then vocal cords.	
Insert ET tube to proper length for gender	
Inflate ET tube cuff to achieve proper seal; remove syringe	
Insert bite block	
Produce noticeable chest rise; auscultates breath sounds	
Confirm correct positioning of ET tube by colorimetric ETCO" Capnograph	
Secure ET tube in place (commercial device or tape)	
Perform correct ventilation rate for respiratory arrest (1 breath every 5 to 6 seconds)	
Perform correct ventilation rate for cardiac arrest (1 breath every 6 to 8 seconds)	
Deliver each ventilation over 1 second	
Demonstrate complete release of bag between ventilations	



Laryngeal Mask Airway (LMA)

Performance Steps	✓ if done correctly
Prepare and assemble all necessary equipment	
Choose appropriate size LMA	
Test integrity of cuff by inflating it	
Deflate cuff on a flat surface and lubricate LMA on posterior surface only for use	
Open the mouth using the "crossed fingers" technique or by performing a tongue-Jaw lift; do not hyperextend neck.	
Clear the airway if needed	
Insert tube into mouth and place it so that the curvature is the same as that of the Pharynx, directing it posteriorly until resistance is felt.	
Inflate the cuff with the appropriate amount of air corresponding to the size of the tube , remove syringe	
Insert bite block	
Produce noticeable chest rise; auscultate breath sounds	
Confirm correct positioning of LMA by colorimetric ETCO" capnograph	
Secure LMA in place	
Perform correct ventilation rate for respiratory arrest (1 breath every 5 to 6 seconds)	
Perform correct ventilation rate for cardiac arrest (1 breath every 6 to 8 seconds)	
Deliver each ventilation over 1 second	
Demonstrate complete release of bag between ventilations	



PERIPHERAL VEINS

Performance Steps	✓ if done correctly
Apply tourniquet proximally.	
Locate vein and cleanse the overlying skin with alcohol or povidone-iodine.	
Anesthetize the skin if a large bore cannula is to be inserted in an awake patient.	
Hold vein in place by applying pressure on vein distal to the point of entry.	
Puncture the skin with bevel of needle upward about ½ to 1 centimeter from the vein and enter the vein either from the side or from above.	
Note blood return and advance the catheter either over or through the needle, depending on which type of catheter-needle device is employed.	
Remove the tourniquet.	
Withdraw and remove the needle and attach the intravenous tubing.	
Cover the puncture site with povidone-iodine ointment and a sterile dressing and tape in place, excluding the point of connection of the intravenous tubing.	



INTERNAL JUGULAR, MIDDLE OR CENTRAL ROUTE

Performance Steps	√ if done correctly
Patient in supine, at least 15 ⁰ head down position, head turned away.	
Cleanse skin, use lidocaine if patient awake.	
Introduce needle attached to syringe in the centre of triangle formed by two lower heads of sternomastoid muscle and clavicle.	
Direct needle caudally, parallel to sagittal plane, at 30 ⁰ posterior angle	
If vein not entered, withdraw needle and redirect it 5 to 10 degrees laterally.	
Advance needle while withdrawing plunger of syringe.	
When blood appears and vein entered, remove syringe and insert catheter to predetermined depth.	
Remove needle and connect catheter to IV tubing	
Cover puncture site, and affix catheter in place	



Regional Anaesthesia (Spinal Anaesthesia)

Performance Steps	✓ if done correctly
Taking Consent from the patient	
Assessment (indications and contraindications)	
Insert iv fluids	
Mask, cap, gown and gloves	
Prepare the back with antiseptic	
Place a sterile Drape Over The Area	
Identify the anatomical landmarks	
Inject local anaesthetic into the skin and deeper tissue	
Insert the large introducer needle into the selected spinal interspace	
Direct the spinal needle through the introducer and into the subarachnoid space	
Free flow of CSF confirms proper placement	
Aspirate for CSF if clear inject the proper anaesthetic	
Remove the needle, introducer and drape sheet	
Have the patient lie down	

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King Khalid University Hospital
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POST-OPERATIVE ANESTHESIA FORM (draft 3)
First Post-operative Day Visit

I)	Service: <input type="checkbox"/> Ward:..... <input type="checkbox"/> ICU <input type="checkbox"/> HDU Date:/...../..... Time:		
II)	Patient Data: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: Yrs/months Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes ASA Status: Type of Surgery:		
III)	<input type="checkbox"/> General Anesthesia <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ≥ 140/90 <input type="checkbox"/> ≤ 100/70 <input type="checkbox"/> ≥ 20/min. <input type="checkbox"/> ≤ 10/min. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Symptoms/ Complications * Nausea/ trt. ** Vomiting/ trt. Dizziness Sleepiness Sore Throat Awareness during Anesthesia Back pain Headache/PDPH ***ABP RR O ₂ Sat. ≤92% / <input type="checkbox"/> on O ₂ Urinary retention/ <input type="checkbox"/> catheter Other complications	<input type="checkbox"/> Regional Anesthesia <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ≥ 140/90 <input type="checkbox"/> ≤ 100/70 <input type="checkbox"/> ≥ 20/min. <input type="checkbox"/> ≤ 10/min. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
IV)	Pain Assessment: <input type="checkbox"/> Documented by Ward nurse <input type="checkbox"/> Numeric scale <input type="checkbox"/> Faces scale <input type="checkbox"/> Dynamic/10 <input type="checkbox"/> Static/10 <input type="checkbox"/> By night/sleep interruption/10 Pain Management: <input type="checkbox"/> PCA-IV <input type="checkbox"/> EA <input type="checkbox"/> PNB:..... <input type="checkbox"/> None <input type="checkbox"/> Oral Analgesics: <input type="checkbox"/> IV/IM analgesics:		
V)	Patient Satisfaction: Pre-operative Anesthesia Education Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-operative Pain Control Methods Explained: <input type="checkbox"/> Yes <input type="checkbox"/> No Informed Consent (High risk consent) Obtained: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Satisfaction with Anesthesia: i- Procedure & outcomes: <input type="checkbox"/> Yes <input type="checkbox"/> No ii- Pain control <input type="checkbox"/> Yes <input type="checkbox"/> No		
VI)	Name: Badge #:		

*Nausea:(0)none, (1)mild/mod.,(2)severe **Vomiting:(1) 1-2 times , (2)≥ 3 times ***ABP: readings in-between are normal



Student Notes

A series of horizontal dotted lines for writing student notes.