

PORTSMOUTH & SOUTH EAST HANTS HEALTH AUTHORITY

SURNAME

FIRST NAME

D.O.B.

HOSP. No.

ANAESTHETIC RECORD

MR 413

OPERATION

DATE

ANAESTHETIST

SURGEON

PRE. OP. STATUS

WT.

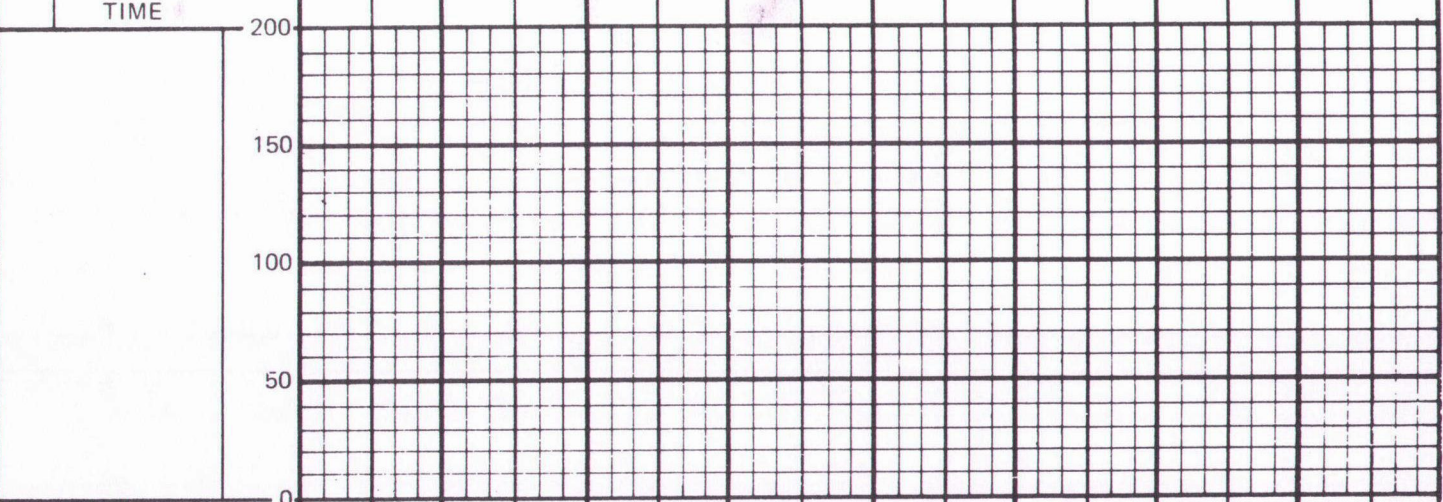
Hgb.

B.P.

PREMED

TIME	EFFECT	-	✓	+
------	--------	---	---	---

1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				



FLUIDS																				

ANAESTHETIC SEQUENCE

POST OP.