Anesthetics/analgesics may be used in the field or in the lab on campus. Please complete the following if this protocol includes the use of anesthetics and/or analgesics.

Section 1

|  |  |  |
| --- | --- | --- |
| Type of Protocol | [ ]  Research | [ ] Teaching/Classroom |
| Who will execute these procedures? | [ ]  Students | [ ] Faculty/Staff |

Section 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species | Anesthetic/Analgesic | Dose Range | Route | Length of Time Anesthetized | Supplemental Dose |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Section 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If using gas anesthetics, please indicate the method | [ ] Vaporizer with scavenger system | [ ] Drop box method | [ ] Other (describe below)  | [ ] N/A |
| Additional descriptions |  |
|  |  |  |  |  |
| How will the anesthesia effects be monitored? Check all that apply: | [ ] Respiration rate | [ ] Corneal reflex | [ ] Muscle relaxation | [ ] Blood pressure |
| [ ]  Mucous membrane color | [ ] Pulse oximeter | [ ] Positive toe pinch | [ ] Other (describe below) |
| Additional descriptions |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What supportive care will be provided? | [ ]  Supplemental heat (describe below) | [ ] Fluid therapy (describe below) | [ ] Other (describe below) | [ ] N/A |
| Additional descriptions |  |