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 |  | | | |