Anesthesia Record

Patient Name: Doe, John "Johnny"
Date: 8/22/2026 **DOB:** 12/24/1982 (age: 43)
Ht: 6 ft 0 in **Wt:** 199 lb **BMI**: 27.0
NPO Status: food: not within 8 hours, drink: 7 hours prior
ASA Classification: 2
Allergies: Penicillin: Hives
Procedure: Implant 29, 30
Reason For Sedation: Inability to achieve profound local anesthesia, Non-cooperative behavior

Surgeon: Dr. Smart Chart
Office: Demo Office, Operatory #2
Anesthesia Provider: Edward Jackson CRNA
Type of Anesthesia: GA
Present: Sarah V. Jamie H., Edward J.
Responsible Companion: Wife: Linda 509-555-5555

Anesthesia Times

Start: 13:30
End: 15:55
Anesthesia Minutes: 145
Anesthesia Units (15m): 9.7
Recovery Complete: 16:29

Health History:
Non-surgical hospitalization summary: none.
Surgeries: third molar removal age 15.
Personal anesthesia history: No known anesthesia complications.
Familial anesthesia history: Mother wakes up very slowly.
Maternal Venezuelan ancestry: No.
Hematological System:
Hypercholesterolemia: dx date: 2020, controlled, tx: LIPITOR (Oral Pill)
Endocrine System:
Diabetes: Type 2, 850mg PO bid, 145, 6.1, 120
Hypothyroidism
Other: High Cholesterol, Lipitor 10mg PO qd/diet+exercise
Psychiatric/Psychological:
Anxiety: 2020, tx: Xanax, exercise, therapy
Habits:
Marijuana: type: smoking, freq: 1-2/week, amount: a joint
Pre-op vitals (13:33): BP: 135/76, HR: 75, SpO_2: 97, RR: 14

Medications: LIPITOR (Oral Pill), XANAX (Oral Pill)

Medical Consult Notes: Cleared from procedure by Dr. Smith, Cardiology

Physical assessment: Pregnancy: Negative HCG, Breastfeeding: yes, Instructed to dispose of expressed milk for next 24 hours, Modified Mallampati: Class II, Lung auscultation: CTAB, Heart auscultation: RRR w/o murmur

Pre-anesthesia risk assessment: Full NT-tube intubation planend with inhalation agents on board.

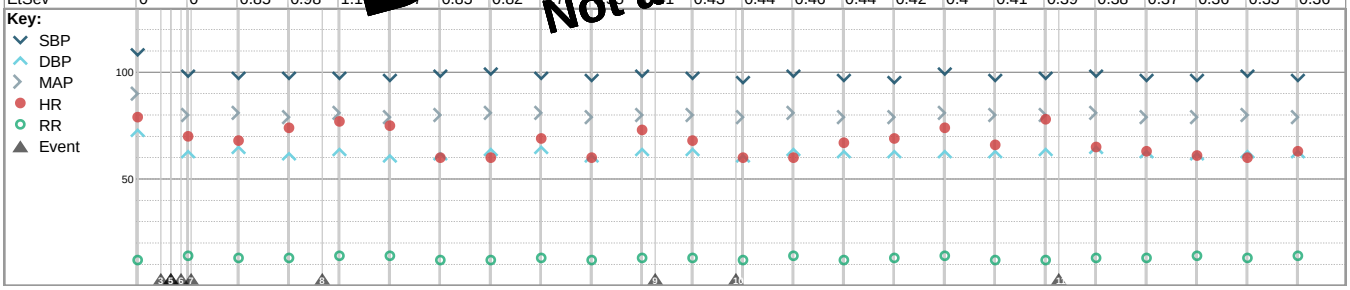
Surgical Timeout: Completed 13:30. • Correct patient identity. • Correct procedure. • Correct site (including site marking, if applicable). • Verification of implants, blood products, X-rays, and required medical devices. • Missing information or discrepancies resolved.

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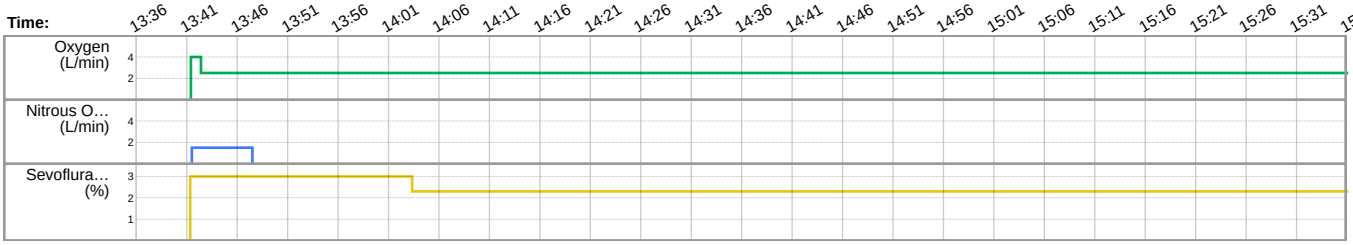
Time:	13:36	13:41	13:46	13:51	13:56	14:01	14:06	14:11	14:16	14:21	14:26	14:31	14:36	14:41	14:46	14:51	14:56	15:01	15:06	15:11	15:16	15:21	15:26	15:31	15:36
SpO_2	98	96	97	97	99	96	99	97	97	97	96	96	99	98	96	97	97	97	96	98	96	99	99	98	
ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR		NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	
Temp	98.6	99.5	98.9	99.3	97.7	99.1	96.8	99.3	98.2	98.6	98.4	98.4	99	97.	9	97	9	97		98.9	97.9	99.1	99.9	97.3	
$FiCO_2$	0	1	1	1	3	2	2	2	1	2	3	3	3	3	1	2	1	1	3	2	1	1	3	2	
$EtCO_2$	35	34	30	35	30	35	33	34	32	35	31	35	32	31	33	31	31	32	31	35	32	33			
FiO_2	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21			
EtO_2	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70			
FiN_2O	50	50	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
EtN_2O	45	45	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
FiSev	0	0	2.89	2.92	2.9	2.9	1.	1.4	1.2	1.19	1.18	1.17	1.19	1.19	1.18	1.19	1.19	1.18	1.19	1.18	1.18	1.19	1.19		
EtSev	0	0	0.85	0.98	1.1	0.85	0.82	0.7	0.5	0.41	0.43	0.44	0.46	0.44	0.42	0.4	0.41	0.39	0.38	0.37	0.36	0.35	0.36		

Initial:
BP: 108/73
SpO_2: 98%

Final:
BP: 95/63
SpO_2: 97%



Inhalation Agents:



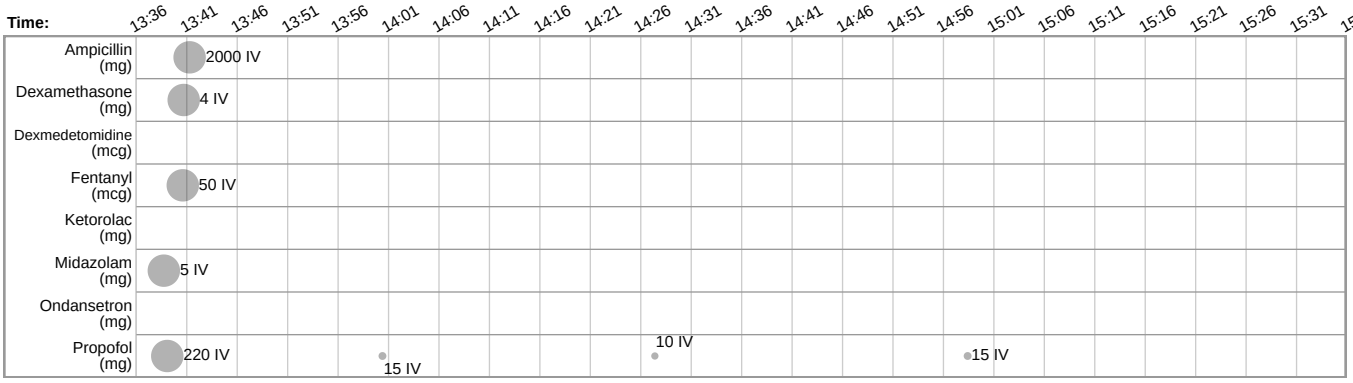
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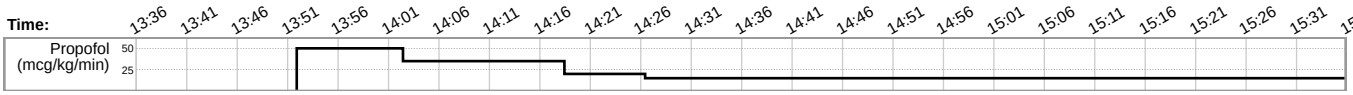
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Case ID: tour_betteranesthesiacharting_Z9r4k9l6yEl9ZN
Patient ID:

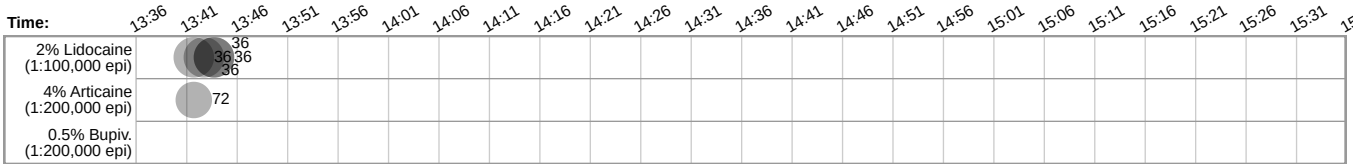
Parenteral Drugs:



Infusion Drugs:



Local Anesthetics:

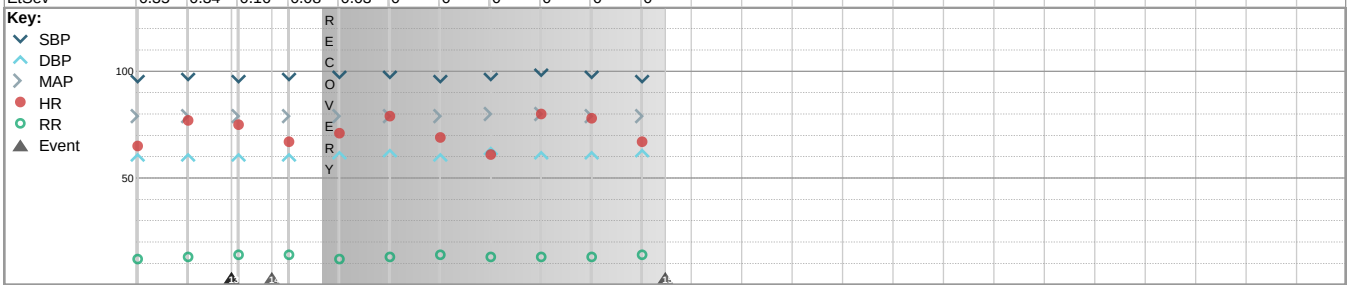


Fluids:

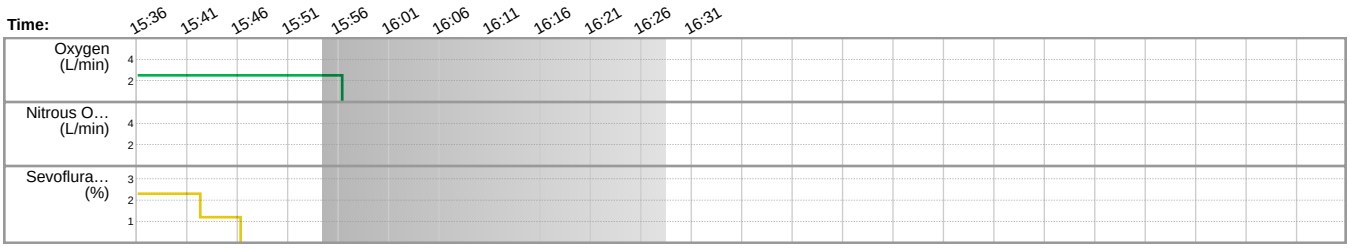


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Time:	15:36	15:41	15:46	15:51	15:56	16:01	16:06	16:11	16:16	16:21	16:31
SpO_2	99	97	98	99	99	96	97	98	97		97
ECG	NSR	NSR	NSR	NSR	NSR	NSR		NSR	NSR	NSR	NSR
Temp	98.1	99	99.1	98.8	97		4	97.3	99	9	
$FiCO_2$	2	1	3	2	3	1	3	2	1	1	3
$EtCO_2$	31	31	32	32	34	34	3		34	32	35
FiO_2	21	21	21	21	21	21	21	21	21	21	
EtO_2	70	70	70	70	70	70	70	70	70	70	70
FiN_2O	0	0	0	0	0	0	0	0	0	0	0
EtN_2O	0	0	0	0	0	0	0	0	0	0	0
FiSev	1.18	1.19	0.35	0	0	0	0	0	0	0	0
EtSev	0.35	0.34	0.16	0.08	0.03	0	0	0	0	0	0



Inhalation Agents:



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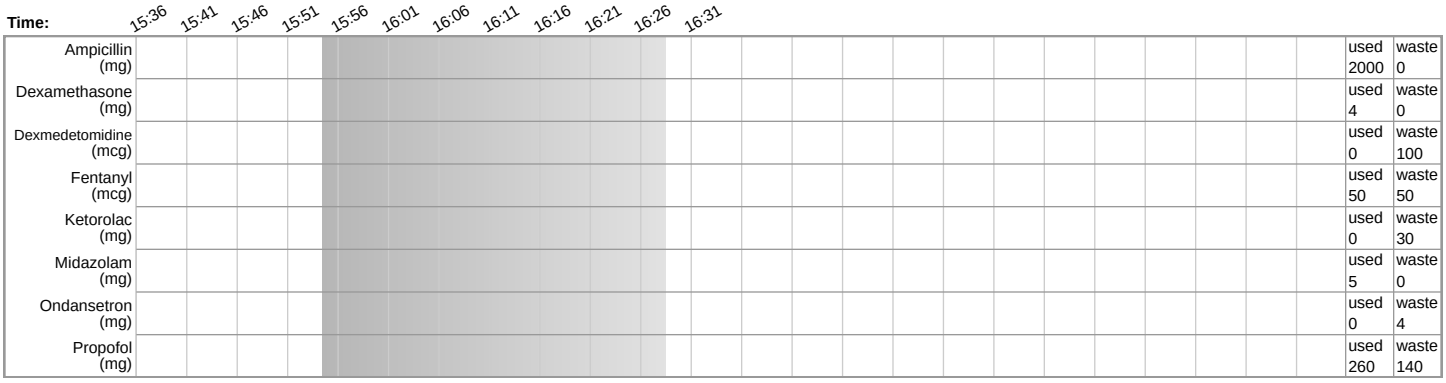
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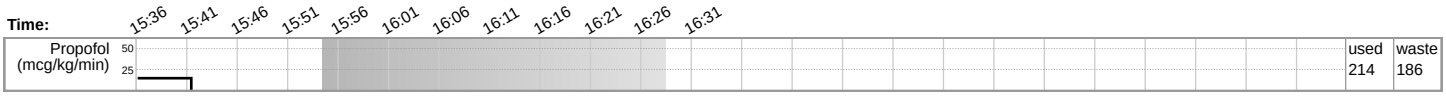
Patient ID:

Xchart.com

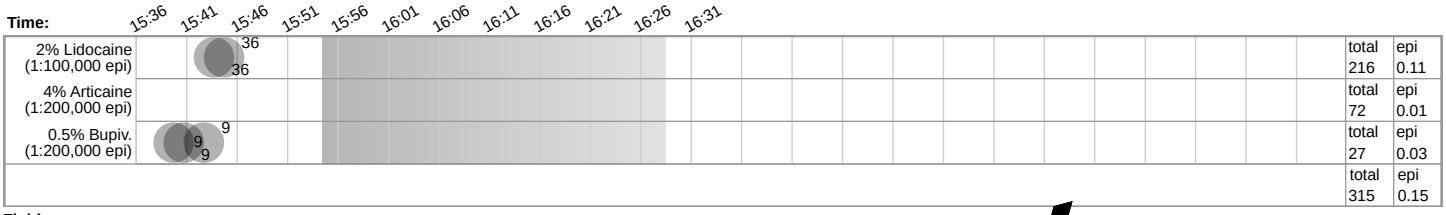
Parenteral Drugs:



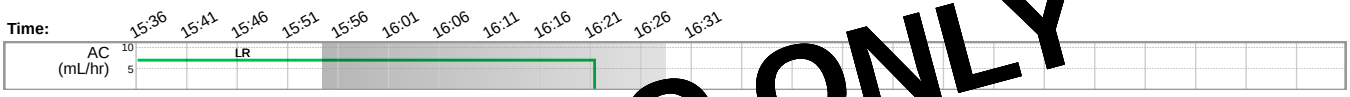
Infusion Drugs:



Local Anesthetics:



Fluids:



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Events: ⚠ 13:30: Surgical Timeout ⚠ 13:36: IV placed at the Right AC ⚠ 13:39: Semi Fowler's Position ⚠ 13:39: Nasotracheal Tube Placed ⚠ 13:40: Throat pack placed ⚠ 13:41: Procedure Started ⚠ 13:42: Semi Fowler's Position ⚠ 13:55: Added NS IV bag for site #1 ⚠ 14:28: Semi Fowler's Position ⚠ 14:36: Added LR IV bag for site #1 ⚠ 15:08: Semi Fowler's Position ⚠ 15:46: Throat pack removed ⚠ 15:46: Procedure Ended ⚠ 15:50: Nasotracheal Tube Removed ⚠ 16:31: IV removed from the Right AC

Pre-procedure Medications:
Amoxicillin (Oral Pill): 12:36, 2000 mg, PO

Inhalation Agents (list view):
started on room air
Oxygen: 13:41 4L/min, 13:42 2.5L/min, 15:56 0L/min
Nitrous Oxide: 13:42 1.5L/min, 13:48 0L/min
Sevoflurane: 13:41 3%, 14:03 2.3%, 15:42 1.2%, 15:46 0%

Parenteral Drugs (list view):
Ampicillin: 13:41 2000mg IV 22.2mg/kg
Dexamethasone: 13:41 4mg IV 44.3mcg/kg
Dexmedetomidine: (all doses wasted)
Fentanyl: 13:40 50mcg IV 0.55mcg/kg
Ketorolac: (all doses wasted)
Midazolam: 13:39 5mg IV 55.4mcg/kg
Ondansetron: (all doses wasted)
Propofol: 13:39 220mg IV 2.44mg/kg, 14:00 15mg IV 0.17mg/kg, 14:27 10mg IV 0.11mg/kg, 14:58 15mg IV 0.17mg/kg

Infusion Drugs (list view):
Propofol infusions (mass used: 90.27kg): 13:52 50 mcg/kg/min, 14:03 35 mcg/kg/min, 14:19 20 mcg/kg/min, 14:27 15 mcg/kg/min, 15:42 0 mcg/kg/min
Total Propofol used / wasted: 214mg / 186mg

Local Anesthetic (list view):
13:42 36mg 2% Lidocaine, 0.018 mg epi.
13:42 72mg 4% Articaine, 0.009 mg epi.
13:43 36mg 2% Lidocaine, 0.018 mg epi.
13:44 36mg 2% Lidocaine, 0.018 mg epi.
13:44 36mg 2% Lidocaine, 0.018 mg epi.
15:40 9mg 0.5% Bupivacaine, 0.009 mg epi.
15:41 9mg 0.5% Bupivacaine, 0.009 mg epi.
15:43 9mg 0.5% Bupivacaine, 0.009 mg epi.
15:44 36mg 2% Lidocaine, 0.018 mg epi.
15:45 36mg 2% Lidocaine, 0.018 mg epi.

IV:
IV Site on Right AC:
Inserted at 13:36 using 22-gauge needle on first attempt, secured using tape, tegaderm. Removed at 16:29.
Bag #1 LR 13:36 - 14:35 fluid adjustments (flow rates estimated):
13:37: flow 8.33 mL/hr, 14:35: flow 0 mL/hr
Bag #2 NS 13:55 - 14:28 fluid adjustments (flow rates estimated):
13:56: flow 4 mL/hr, 14:25: flow 0 mL/hr
Bag #3 LR 14:36 - 19:35 fluid adjustments (flow rates estimated):
14:36: flow 7 mL/hr, 16:22: flow 0 mL/hr
Pre-filled Syringe Flushes:
13:38: flush 10 mL
Total LR at this site: 980 mL
Total NS at this site: 260 mL

Total Fluid Administered (All IV Sites and Flushes): LR: 980 mL, NS: 260 mL

SpO_2 at final IV removal: 97%

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Case ID: tour_betteranesthesiacharting_Z9r4k9l6yEl9ZN
Patient ID:

Pre-op Checks: ☑ Equipment readiness check ☑ Confirmed correct patient and procedure ☑ Instructions ☑ Reviewed health history ☑ Financial arrangements ☑ Informed consents ☑ Transportation arranged ☑ Bathroom ☑ Reviewed vitals ☑ Answered all questions ☑ Made comfortable ☑ Offered blanket/pillow ☑ Pressure points relieved **Additional Measures:** ☑ Sequential compression device ☑ Precordial stethoscope placed ☑ Eye protection

Airway:

Nasotracheal Tube – placed 13:39, removed 15:50, in use for 2h 10m 0s**:**

- Tube internal diameter (in mm): 7.0
- Vasoconstrictor: Oxymetazoline
- Tube lubricated: yes
- Tube Prewarmed: yes
- Side: R
- Preoxygenation: 4x tidal volume breaths
- Cuffed tube: yes
- Cuff inflated: yes
- Laryngoscopy type: Video
- Laryngoscope blade: Macintosh
- Laryngoscope blade size: 3
- Laryngoscopy view grade: Grade II
- Secured with: tape
- Tube depth (in cm): 26
- Eye protection: Confirmed no contacts, Eyelids taped
- Confirmation of Placement: $EtCO_2$ positive with capnography, Chest rise with minimal resistance upon ventilation, Return to baseline of SpO_2, Vapor present in tube, Auscultations of lungs equal bilaterally with ventilations, Negative auscultations in stomach with ventilations
- Complications with placement: none
- Oropharyngeal cavity cleared of debris/excess fluids: yes
- SpO_2 immediately prior to removal: 98
- Deflated prior to extubation: yes
- SpO_2 after removal: 97
- Complications with removal: none
- Removal Notes: Extubation performed secondary to signs of hand movement and indications of self maintaining airway to minimize laryngospasm.

Position: Low Fowler's: 13:39, Semi Fowler's: 13:42, Low Fowler's: 14:28, Semi Fowler's: 15:08

Aldrete Score:

Vital signs: within 14% of preoperative value	2
Oxygenation:	2
Respiratory Stability:	2
Consciousness:	1
Post Operative Pain:	2
Nausea and Vomiting:	2
Gait:	1
Total Score:	12

Estimated Blood Loss: 55 mL

Notes: The tooth was sectioned, and each fragment was carefully removed. Reviewed HHx/Systems.

Recovery Notes: Patient recovered in operatory.
Spontaneous recovery void of reversal medications.
Patient exhibits hemodynamic evidence.
Patient is able to self maintain airway with no assistance and no obstructive behaviour.
Patient consumed approximately 50mL of juice.
Denies PONV and pain. Able to move all appendages independently upon command. AO x 4 questions answered correctly. Post IV D/C, patient self ambulated to wheelchair. Post op instructions were reviewed orally and written with the patient and the patient's RC present. Signature and name of RC were acquired. Patient transported via wheelchair to vehicle. Confirmed safety buckled. ER doctor contact administered to the RC. Post op instructions texted to the patient.

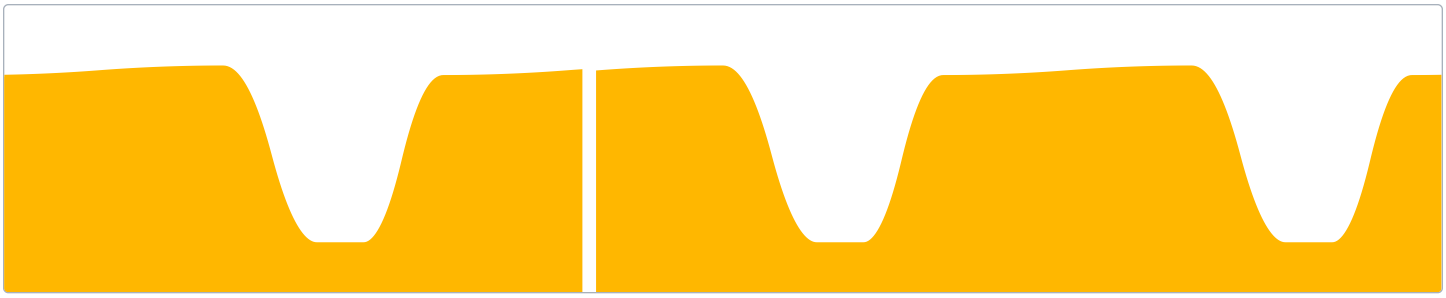
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Captured Waveforms

$EtCO_2$ captured: 8/22/2026 13:37:08



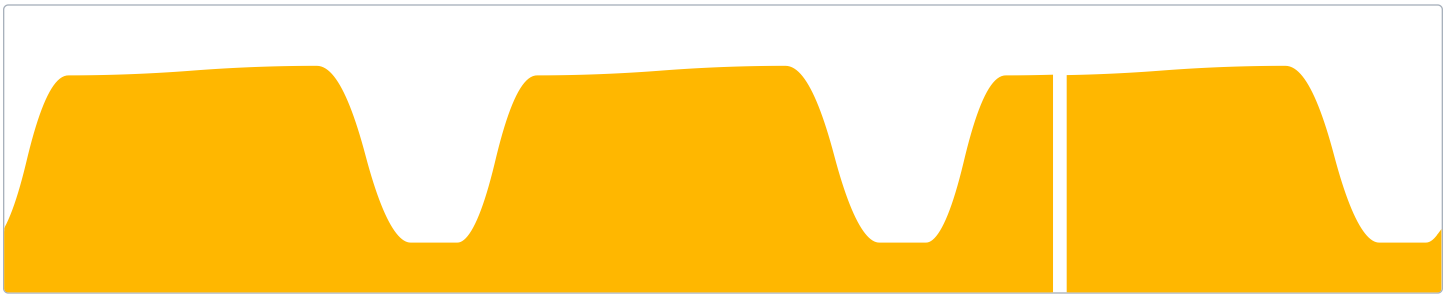
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Pleth captured: 8/22/2026 13:37:08



$EtCO_2$ captured: 8/22/2026 19:16:43



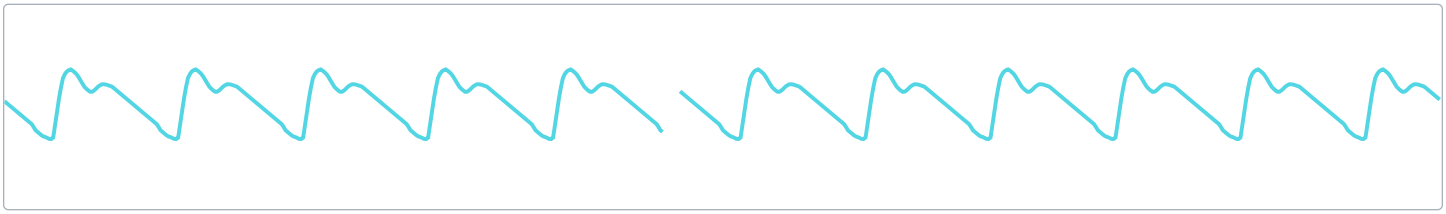
ECG II captured: 8/22/2026 19:16:43



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Pleth captured: 8/22/2026 19:16:43



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Vitals Data Reference

Time	SBP	DBP	MAP	HR	SpO_2	ECG	RR	Temp	$FiCO_2$	$EtCO_2$	FiO_2	EtO_2	FiN_2O	EtN_2O	FiSev	EtSev
13:36	108	73	90	79	98	NSR	12	98.6	0	35	21	70	50	45	0	0
13:41	98	63	80	70	96	NSR	14	99.5	1	34	21	70	50	45	0	0
13:46	97	65	81	68	97	NSR	13	98.9	1	30	21	70	50	45	2.89	0.85
13:51	97	62	79	74	97	NSR	13	99.3	1	35	21	70	0	0	2.92	0.98
13:56	97	64	81	77	99	NSR	14	97.7	3	30	21	70	0	0	2.95	1.1
14:01	96	61	79	75	96	NSR	14	99.1	2	35	21	70	0	0	2.94	1.07
14:06	98	62	80	60	99	NSR	12	96.8	2	33	21	70	0	0	1.28	0.85
14:11	99	64	81	60	97	NSR	12	99.3	2	34	21	70	0	0	1.24	0.82
14:16	97	65	81	69	97	NSR	13	98.2	1	32	21	70	0	0	1.2	0.71
14:21	96	61	79	60	97	NSR	12	98.6	2	34	21	70	0	0	1.19	0.55
14:26	98	64	80	73	96	NSR	13	98.4	2	35	21	70	0	0	1.18	0.41
14:31	97	64	80	68	96	NSR	13	98.4	2	31	21	70	0	0	1.19	0.43
14:36	95	61	79	60	99	NSR	12	99.1	3	31	21	70	0	0	1.17	0.44
14:41	98	64	81	60	98	NSR	14	97.2	3	35	21	70	0	0	1.19	0.46
14:46	96	63	79	67	96	NSR	12	99	1	32	21	70	0	0	1.19	0.44
14:51	95	63	79	69	99	NSR	13	97.3	2	31	21	70	0	0	1.18	0.42
14:56	99	63	81	74	97	NSR	14	99.9	1	33	21	70	0	0	1.19	0.4
15:01	96	63	80	66	97	NSR	12	97	1	31	21	70	0	0	1.1	0.41
15:06	97	64	80	78	96	NSR	12	99	1	31	21	70	0	0	1.18	0.39
15:11	98	65	81	65	98	NSR	13	98.6	2	31	21	70	0	0	1.19	0.38
15:16	96	63	79	63	96	NSR	12	98.6	1	31	21	70	0	0	1.18	0.37
15:21	96	62	79	61	99	NSR	14	99.1	1	35	21	70	0	0	1.18	0.36
15:26	98	63	80	60	99	NSR	13	99.9	3	32	21	70	0	0	1.19	0.35
15:31	96	63	79	63	98	NSR	14	97.3	2	33	21	70	0	0	1.19	0.36
15:36	95	61	79	65	99	NSR	12	98.1	2	31	21	70	0	0	1.18	0.35
15:41	96	61	79	77	97	NSR	13	99	1	31	21	70	0	0	1.19	0.34
15:46	95	61	79	75	98	NSR	14	99.1	3	32	21	70	0	0	0.35	0.16
15:51	96	61	79	67	99	NSR	14	98.8	2	32	21	70	0	0	0	0.08
15:56	97	62	79	71	99	NSR	12	97.3	3	34	21	70	0	0	0	0.03
16:01	97	63	79	79	96	NSR	13	98.4	1	34	21	70	0	0	0	0
16:06	95	61	79	69	97	NSR	14	98.4	3	33	21	70	0	0	0	0
16:11	96	64	80	61	98	NSR	13	97.3	2	30	21	70	0	0	0	0
16:16	98	62	80	80	97	NSR	13	99.2	2	34	21	70	0	0	0	0
16:21	97	62	79	78	98	NSR	13	97.5	1	32	21	70	0	0	0	0
16:26	95	63	79	67	97	NSR	14	99.5	3	35	21	70	0	0	0	0

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Dr. Smart Chart — 8/22/2026 20:10

Preoperative Sedation/Anesthesia Checklist

Patient Name: Doe, John "Johnny"
Date of Birth: 12/24/1982 (age: 43)
Procedure: Implant 29, 30
Type of Anesthesia: GA
Reason for sedation: Inability to achieve profound local anesthesia, Non-cooperative behavior

History

- [x] **Patient medical history:**
  Hematological System:
  Hypercholesterolemia: dx date: 2020, controlled, tx: LIPITOR (Oral Pill)
  Endocrine System:
  Diabetes: Type 2, 850mg PO bid, 145, 6.1, 120
  Hypothyroidism
  Other: High Cholesterol, Lipitor 10mg PO qd/diet+exercise
  Psychiatric/Psychological:
  Anxiety: 2020, tx: Xanax, exercise, therapy
  Habits:
  Marijuana: type: smoking, freq: 1-2/week, amount: a joint
- [x] **Allergies:** Penicillin: Hives
- [x] **Surgical History:** third molar removal age 15
- [x] **Anesthesia History:** No known anesthesia complications
- [x] **Maternal Venezuelan Ancestry:** No
- [x] **Family Anesthesia History:** Mother wakes up very slowly
- [x] **Medications:** LIPITOR (Oral Pill), XANAX (Oral Pill)

Other Preoperative Checks

- [x] Equipment readiness check
- [x] Confirmed correct patient and procedure
- [x] Instructions
- [x] Reviewed health history
- [x] Financial arrangements
- [x] Informed consents
- [x] Transportation arranged
- [x] Bathroom
- [x] Reviewed vitals
- [x] Answered all questions
- [x] Made comfortable
- [x] Offered blanket/pillow
- [x] Pressure points relieved

Physical Examination

- [x] **Height:** 6 ft 0 in
- [x] **Weight:** 199 lb
- [x] **BMI**: 27.0
- [x] **ASA Classification:** 2
- [x] **NPO Status:** food: not within 8 hours, drink: 2 hours prior
- [x] **Initial Vitals:** Time: 8/22/2026 13:[illegible], BP: 135/76, SpO2: 99%, RR: 14, HR: 75

Anesthesia-Specific Physical Exam

- [x] **Lung Auscultation:** CTAB
- [x] **Heart Auscultation:** RRR w/o murmur
- [x] **Modified Mallampati:** Class II

DEMO ONLY
Not a Real Patient

Additional Pre-Anesthesia Risk Assessment Notes

Full NT-tube intubation planend with inhalation agents on board.

Medical Consult Notes

Cleared from procedure by Dr. Smith, Cardiology

Edward Jackson CRNA — 8/22/2026 20:10

Dr. Smart Chart — 8/22/2026 20:10