外科手術申請及記錄表 (2024/05版)

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| 1. **手術申請**   紅框處未填寫將拒絕手術申請 (含術前、術中、術後藥物資訊，與術後照顧方式)  其餘資訊請盡可能詳細說明，或諮詢獸醫師填寫方式 | | | | | | | | | | |
| IACUC NO. | |  | | | | PI主持人 |  | | | |
| 手術者 | |  | | | | 麻醉者 |  | | | |
| 參與人員 | |  | | | | | | | | |
| 動物物種 | | □豬 □兔 □大鼠 | | | | 動物品系 |  | | | |
| 動物數量 | |  | | 動物對應籠號/耳號 | | |  | | | |
| 手術種類 | | □Major | □Minor | | | □ 存活手術 | □多次存活手術 | | | □非存活手術 |
| 手術日期 | | 年\_\_\_\_\_\_/月\_\_\_\_\_\_\_/日\_\_\_\_\_\_\_ | | | | | | | | |
| 預計開始時間(24小時制) | | | : | | | 預計結束時間(24小時制) | | | | : |
| 1. **術前止痛和給藥** | | | | | | | | | | |
| 藥物 | | 劑量(mg/kg) | 途徑 | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| 1. **術中麻醉劑給予方式** | | | | | | | | | | |
| 1 | 麻醉劑： | \_\_\_\_\_\_\_\_\_\_ | 劑量： | | | \_\_\_\_\_\_\_\_\_\_ | | □導入麻醉 | | □維持麻醉 |
| 途徑： | □吸入(面罩) □吸入(插管) □肌肉注射 □靜脈注射□腹腔注射□其他\_\_\_\_\_ | | | | | | | | |
| 2 | 麻醉劑： | \_\_\_\_\_\_\_\_\_\_ | 劑量： | | | \_\_\_\_\_\_\_\_\_\_ | | □導入麻醉 | | □維持麻醉 |
| 途徑： | □吸入(面罩) □吸入(插管) □肌肉注射 □靜脈注射□腹腔注射□其他\_\_\_\_\_ | | | | | | | | |
| 3 | 麻醉劑： | \_\_\_\_\_\_\_\_\_\_ | 劑量： | | \_\_\_\_\_\_\_\_\_\_ | | □導入麻醉 | | | □維持麻醉 |
| 途徑： | □吸入(面罩) □吸入(插管) □肌肉注射 □靜脈注射□腹腔注射□其他\_\_\_\_\_ | | | | | | | | |
| 4 | 麻醉劑： | \_\_\_\_\_\_\_\_\_\_ | 劑量： | | \_\_\_\_\_\_\_\_\_\_ | | □導入麻醉 | | | □維持麻醉 |
| 途徑： | □吸入(面罩) □吸入(插管) □肌肉注射 □靜脈注射□腹腔注射□其他\_\_\_\_\_ | | | | | | | | |
| 1. **麻醉期止痛和給藥** | | | | | | | | | | |
| 藥物 | | 劑量(mg/kg) | 途徑 | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | □外用塗抹□靜脈注射□腹腔注射□肌肉注射□其他\_\_\_\_\_\_ | | | | | | | |
| 1. **簡述手術步驟** | | | | | | | | | | |
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| 1. **術中監控方式概述** | | | | | | | | | | |
| 疼痛評估方式: | | | | | | | | | | |
| 呼吸評估方式: | | | | | | | | | | |
| 心跳評估方式: | | | | | | | | | | |
| 體溫評估方式: | | | | | | | | | | |
| 無菌操作方式: | | | | | | | | | | |
| 其他術中監控方式: | | | | | | | | | | |
| 1. **術後止痛和給藥** | | | | | | | | | | |
| 藥物 | | 劑量(mg/kg) | 次數/天數 | | | 途徑 | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | | | □外用塗抹□靜脈注射□腹腔注射□其他\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | | | □外用塗抹□靜脈注射□腹腔注射□其他\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | | | □外用塗抹□靜脈注射□腹腔注射□其他\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | | | □外用塗抹□靜脈注射□腹腔注射□其他\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | | | □外用塗抹□靜脈注射□腹腔注射□其他\_\_\_\_ | | | | |
| 術後照顧方式概述 | | | | | | | | | | |
| 本人保證以上所填資料完全屬實，若經查有不實事項，願接受本校實驗動物照護及使用委員會任何追究責任。 | | | | | | | | | | |
| 申請人簽名 | | | 日期 | | | 獸醫師簽名 | | | 日期 | |
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| **2.術中及術後照護紀錄(中大型動物)** | | | | | | | | | |
| 麻醉中及術後監測(每5分鐘記錄一次)\*1 | | | | | | | | | |
| 手術日期： 年 月 日 | | | | | | | | | |
| 時間  (hh:mm) | ISO vap  (%) | 呼吸  (次/分) | 心跳  (/分) | 體溫  (oC) | | 血氧  (%) | 給藥  (mg/kg) | 麻醉  深度\*2 | 其他 |
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| \*1麻醉中及術後監測應由導入麻醉開始記錄直置動物完全清醒（動物須可趴坐或站立，頭可抬起，對刺激有反應），若無法測量則填寫NA | | | | | | | | | |
| \*2麻醉深度： | | | | | | | | | |
| 1: Alert, Responsive, Moving around | | | | | 2: Alert, Responsive, Not active | | | | |
| 3: Eyes open, Responsive, Groggy | | | | | 4: Eyes closed, Nonresponsive, Heavily sedated | | | | |
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| 描述手術過程 | | | | | | | | | |
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| 手術後照顧紀錄 | | | | | | | | | |
| 請將術後照顧紀錄表(綠色籠卡)於動物房內填寫完畢後貼至本欄  術後照顧請進行以下觀察:  排便排尿進食飲水是否正常?  呼吸狀況是否正常?  步態姿勢是否正常?  傷口是否乾淨/乾燥? | | | | | | | | | |
| 繳交日期 | | | 操作人員簽名 | | | | 獸醫師簽名 | | |
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請於術後照顧結束後3日內將本表填妥並交給本中心獸醫師歸檔。