

SECTION I

SURVIVAL SURGERY PROCEDURES

APPEND TO PART I, IF APPLICABLE.

The following items I.1 to I.15 apply to (identify species):

I.1. MULTIPLE SURVIVAL

I.6. INTRAOPERATIVE ANESTHESIA

Please list all agents and dosing regimens to be used for operative anesthesia.

TABLE 6.A. ANESTHETIC AGENTS

To add additional rows, please attach a separate document.

ANESTHETIC AGENT	DOSE	ROUTE OF ADMINISTRATION	FREQUENCY OF ADMINISTRATION	DURATION OF TREATMENT
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I.10. MONITORING DURING RECOVERY FROM ANESTHESIA

I.10.1. Indicate below the indices that will be used for ~~post~~operative monitoring of animal condition during recovery from anesthesia.

- | | |
|--|--|
| <input type="checkbox"/> Respiratory rate | <input type="checkbox"/> Capillary Refill Time |
| <input type="checkbox"/> Mucous membrane color | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Body temperature | <input type="checkbox"/> Reflex (specify): |
| <input type="checkbox"/> Oxygen saturation | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Heart rate | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Blood pressure | |

Specify the frequency at which the above indices will be recorded:

I.11. PAIN MANAGEMENT

NOTE: The IACUC encourages the use of ~~pre~~operative analgesia for pain management. Analgesics must be provided as early in the procedure as possible, ideally before the procedure begins. (Please see the Attending Veterinarian for more information on ~~post~~operative support expectations. You can also refer to the “Surgical Classification and Postoperative Monitoring” sheet found in the IRBNet “Forms and Templates”) tab.

I.11.1. Will analgesia be provided to the animal for relief of ~~post~~operative pain?

- Yes. Analgesia will be provided.
 No. Postoperative analgesia will not be provided.

If 'NO', Explain why analgesia will be withheld:

If 'YES', please list analgesics and dosing regimens on table I.11.A. below:

TABLE 11.A. ANALGESICS

ID6 0 TUR.d

TABLE 15.A. CLINICAL OBSERVATIONS/MILESTONES

Choose all of those which are appropriate for the species being used. For each milestone, indicate the action that will be taken. Add other milestones (in the row marked 'other') if applicable for defining the humane endpoints for the proposed study.

CLINICAL OBSERVATION/MILESTONE	APPLICABLE TO MY PROPOSAL	FREQUENCY OF OBSERVATION (e.g., 4hrs., 12 hrs., weekly)	PROTOCOL PERSONNEL ARE TRAINED TO RECOGNIZE	RESPONSE REQUIRED UPON REACHING THE HUMANE ENDPOINT	PROVIDE DURATION
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Institutional Animal Care & Use Committee (IACUC)

CLINICAL OBSERVATION/MILESTONE	APPLICABLE TO MY PROPOSAL	FREQUENCY OF OBSERVATION (e.g., 4hrs., 12 hrs., weekly)	PROTOCOL PERSONNEL ARE TRAINED TO RECOGNIZE	RESPONSE REQUIRED UPON REACHING THE HUMANE ENDPOINT	PROVIDE DURATION (# OF DAYS, WEEKS, ETC.) OF MONITORING OR A SCIENTIFIC JUSTIFICATION FOR NOT USING THE MILESTONES LISTED
Sudden behavioral change (Ex: aggression, guarding, hiding)	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Consult Vet <input type="checkbox"/> Euthanize	
Licking, biting, scratching of the operative / injection site (requires checking at least daily until suture removal)	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Consult Vet <input type="checkbox"/> Euthanize	
Poor posture or ambulating difficulty (Ex: tense, tucked up, stiff gait)	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Consult Vet <input type="checkbox"/> Euthanize	
Lost hair coat condition (Ex: ruffled fur, lack of grooming,	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Consult Vet <input type="checkbox"/> Euthanize	

	FREQUENC
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ON/MILEST	TO MY
ONE	PROPO
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