Survival Surgery Checklist

For use during semi-annual Quality Assurance visits by UCI Veterinarians

PI:___________________________ IACUC Protocol # (s):__________________________

Date of visit:__________________ Performed by:______________________________

Lab members present:________________________________________________________________

Yes No

☐ ☐ Does IACUC protocol(s) adequately describe proposed procedures, including appropriate anesthesia and analgesic use, aseptic technique, surgical procedure, & post-op monitoring & care?

☐ ☐ Are procedures performed described in protocol(s)?

☐ ☐ Are all members performing surgery adequately trained? Is training appropriately documented?

☐ ☐ If using gas anesthesia, is equipment maintained properly? Is WAG properly managed?

☐ ☐ Are all drugs within current dates? Are they properly prepared and stored?

☐ ☐ Is surgical space adequate, including cleanliness?

☐ ☐ Are surgical & anesthetic records adequate?

☐ ☐ Is post-op monitoring occurring adequately and records indicate so?

☐ ☐ Is appropriate aseptic technique being used, including use of sterile gloves, proper animal preparation, instrument prep and use, & appropriate draping?

☐ ☐ Is eye lubrication being used?

☐ ☐ Are animals being kept warmed during and after surgery?

☐ ☐ Are any ancillary methods used to increase animal comfort post-op used, such as moistened food and/or soft bedding?

☐ ☐ If single housed post-op, are animals group housed after suture removal if possible?

☐ ☐ Are skin sutures removed 10-14 after surgery if survival is over 28 days?

☐ ☐ Have any complications occurred in past? If so, describe____________________

_____________________________________________________________________________________

Veterinary Outreach Checklist – Version 1 (July 2015)