

AMERICAN OSTEOPATHIC ASSOCIATION

SEGREGATED TOTAL FORM

FOR

ANESTHESIOLOGY

Training Institution \_\_\_\_\_

Address of Training Institution \_\_\_\_\_

Year of Training \_\_\_\_\_ Report Period: From \_\_\_\_\_ To \_\_\_\_\_

Hospital(s) utilized for Outside Rotation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Anesthetics Administered:

For Obstetrical Procedures \_\_\_\_\_

For Surgical Procedures \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

INSTRUCTIONS:

This form is used by AOA-approved hospitals with residency training programs in Anesthesiology and by residents in completion of their required annual reports. Please complete the attached form within thirty (30) days of completion of training and forward to the appropriate office as indicated on the attached sheet.

\_\_\_\_\_  
(Signature of Resident)

\_\_\_\_\_  
(Signature of Program Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

(This report must be typewritten only)

I. Segregated Totals		<u>Total</u>
Number of cases		_____
A.	Type	
1.	Surgical	_____
2.	Obstetrical	_____
3.	Pain management	_____
4.	Critical care	_____
5.	Others	_____
B.	Type of surgical cases	
1.	Abdominal	_____
2.	Cardiac (open heart)	_____
3.	ENT	_____
4.	Ophthalmologic	_____
5.	Endoscopy	_____
6.	Gynecologic	_____
7.	Maxio/Facial	_____
8.	Neurological	_____
9.	Oral/Dental	_____
10.	Orthopedic	_____
11.	Pediatric	_____
12.	Podiatric	_____
13.	Proctologic	_____
14.	Thoracic - Diagnostic	_____
	- Definitive	_____
15.	Urological	_____

(This report must be typewritten only)

- 16. Vascular \_\_\_\_\_
- 17. Laser \_\_\_\_\_
- 18. Other \_\_\_\_\_

II. General Anesthetics Total Cases \_\_\_\_\_

A. Inhalation methods Total

- 1. Semi-open \_\_\_\_\_
- 2. Semi-closed \_\_\_\_\_
- 3. Closed \_\_\_\_\_
- 4. Other \_\_\_\_\_

B. Airway methods

- 1. Oropharyngeal \_\_\_\_\_
- 2. Nasopharyngeal \_\_\_\_\_
- 3. Orotracheal \_\_\_\_\_
- 4. Nasotracheal \_\_\_\_\_
- 5. Endobronchial \_\_\_\_\_
- 6. Other \_\_\_\_\_

C. Inhalation agents

- 1. Enflurane \_\_\_\_\_
- 2. Halothane \_\_\_\_\_
- 3. Isoflurane \_\_\_\_\_
- 4. Nitrous Oxide \_\_\_\_\_
- 5. Other \_\_\_\_\_

D. Intravenous Agents

- 1. Alfentanil \_\_\_\_\_
- 2. Diazepam \_\_\_\_\_
- 3. Droperidol \_\_\_\_\_
- 4. Etomidate \_\_\_\_\_
- 5. Fentanyl \_\_\_\_\_
- 6. Innovar \_\_\_\_\_
- 7. Ketamine \_\_\_\_\_
- 8. Lidocaine \_\_\_\_\_
- 9. Lorazepam \_\_\_\_\_
- 10. Meperidine \_\_\_\_\_
- 11. Methohexital \_\_\_\_\_
- 12. Midazolam \_\_\_\_\_
- 13. Morphine \_\_\_\_\_
- 14. Nalbuphine \_\_\_\_\_
- 15. Sufentanil \_\_\_\_\_
- 16. Thiethylal \_\_\_\_\_
- 17. Thiopental \_\_\_\_\_
- 18. Other \_\_\_\_\_

(This report must be typewritten only)

II. General Anesthetics (cont'd)

Total

E. Neuromuscular block agents

1. Atracurium
2. d-tubocurare
3. Metacurine
4. Pancuronium
5. Succinylcholine
6. Vecuronium
7. Other

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F. Hypotensive methods

1. Specify agents and technique

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III. Regional anesthesia

Total cases

A. Spinal

Total

1. Without catheter
2. With catheter

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TOTAL

B. Epidural

1. Without catheter
2. With catheter

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Total

a) Cervical

- 1) Without catheter
- 2) With catheter

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TOTAL

b) Thoracic

- 1) Without catheter
- 2) With catheter

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TOTAL



(This report must be typewritten only)

IV. Obstetrical

Total Cases \_\_\_\_\_

A. Vaginal deliveries

Total

- 1. General
- 2. Spinal
- 3. Epidural
  - a. With catheter
  - b. Without catheter
- 4. Paracervical
- 5. Pudendal
- 6. Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Cesarean Section

- 1. General
- 2. Spinal
- 3. Epidural
  - a. With catheter
  - b. Without catheter
- 4. Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Special procedures

A. Invasive

- 1. Arterial line
- 2. CVP line
  - a. External jugular
  - b. Internal jugular
  - c. subclavian
  - d. Femoral
  - e. Antecubital
  - f. Swan Ganz
  - g. Other

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Neuroanesthesia

- 1. EEG monitor
- 2. Evoked potential

\_\_\_\_\_  
\_\_\_\_\_

(This report must be typewritten only)

V.	Special procedures (cont'd)	<u>Total</u>
C.	Critical care	
	1. Cardiac output monitor	_____
	2. Pacemaker insertion	_____
	3. Other	_____
	_____	_____
	_____	_____
D.	Pain management	
	1. Stellate block	_____
	2. Celiac plexus	_____
	3. Post-operative epidural narcotics	_____
	4. Epidural steroids	_____
	5. Intrathecal narcotics	_____
	6. Intrathecal steroids	_____
	7. Intercostal	_____
	8. Other	_____
	_____	_____
	_____	_____
	_____	_____
E.	Ventilator management	_____
F.	Differential blocks	_____
G.	Other	_____
	_____	_____
	_____	_____
	_____	_____