**MODULE 6: ILL PETS AND HOSPITALIZATION**

**Lesson 1: In-patient Logistics**

1) A dog or cat comes to our hospital because it is coughing and/or sneezing. What needs to be done?

[Note to Trainer: Does your hospital have an isolation ward? What cleaners or disinfectants should be used and how are these products used properly?]

*Sample Response: Remove the animal from the lobby as soon as possible. Disinfect the scale and exam room as soon as possible after the appointment.*

2) Which kennels are used for dogs with diarrhea?

*Sample Response: In a run that has a drain or in the end kennel*

3) Where are critically ill patients hospitalized? Why?

**Answer:**

4) What vaccines does a pet need to have to be hospitalized if it is sick?

*Sample Response: Even unvaccinated pets can be hospitalized if they are sick. In contrast, animals admitted for boarding or elective surgeries need to be up to date on vaccinations.*

5) How often are hospitalized dogs taken outside?

**Answer:**

6) What food are hospitalized animals fed?

[Note to Trainer: How do you ensure that the client is charged for the food?]

**Answer:**

7) What is the protocol for a boarding pet that develops diarrhea?

**Answer:**

8) How can you obtain a free-catch urine sample from a cat?

*Sample Response: You can use a cage grate, an empty litter box, or a box with Nosorb™. Be sure to remove all blankets/fuzzies until after the sample is collected.*

9) How can you obtain a free-catch urine sample from a dog?

*Sample Response: Urine samples can usually be collected outside on a walk with a ladle or a container.*

10) Do we require a physical exam when the patient is admitted for boarding?

**Answer:**

11) Where are the files kept for medical boarders and other boarders?

**Answer:**

11) Where and how are a boarder’s medication instructions posted for the kennel team?

**Answer:**

12) Where are the boarder’s medications kept?

**Answer:**

13) Who gives the medications?

**Answer:**

14) Where is it marked that the medications have been given?

**Answer:**

15) Where do we record if the pet is (or isn’t) eating, drinking, urinating, or defecating?

[Note to Trainer: Who should be notified if a boarder isn’t eating?]

**Answer:**

16) Where are the patients’ medications kept?

**Answer:**

17) Who fills out a patient’s flow sheet?

**Answer:**

18) Who administers the medications to the hospitalized patients?

**Answer:**

19) Where are the files kept for ICU patients?

**Answer:**

20) Who examines the ICU patients? When is this usually done?

**Answer:**

21) When are the clients called with updates?

**Answer:**

22) Who is responsible for calling these clients?

**Answer:**

23) If a client of a hospitalized patient calls for an update, who speaks with them?

**Answer:**

24) What client education materials does your practice use and send home with clients? Where are these materials kept and what diseases do they cover?

[Note to Trainer: You might want to move your class to the treatment area for the second half of this lesson and start opening cabinets to show and review these items.]

**Answer:**

25) What is the difference between a Leur lock and a slip tip syringe?

**Answer: The needle screws onto a Leur lock syringe.**

26) What is a catheter tipped syringe?

**Answer: One that has a large nozzle to insert into a tube or catheter**

27) Where would you find stethoscopes, thermometers, ear speculums, endotracheal (ET) tubes, or any other treatment paraphernalia that might be needed?

**Answer:**

28) What is a **Penrose drain** and how does it work?

**Answer: A flattened cylinder of thin rubbery material used to close “dead space” underneath the skin. Drains are used to wick pus or fluid to the outside of the body.**

29) Where are the Penrose drains kept?

**Answer:**

30) Where are the surgery packs kept?

**Answer:**

31) Where are the sterile towels kept?

**Answer:**

32) Where are the splints kept?

**Answer:**

33) What kinds of splints does our practice have?

**Answer:**

34) Where are the (warm) IV fluids kept?

**Answer:**

35) Where are the IV sets stored?

**Answer:**

36) What is an Ambu bag?

**Answer: An Ambu bag is a kind of bag valve mask used to help patients who cannot breathe on their own. Bag valve masks consist of a face mask and a rebreathing bag with a vent to let in fresh air.**

37) Does our practice have an Ambu bag?

**Answer:**

38) What is an oxygen cage? Does our practice have one?

**Answer:**

39) How else can oxygen be delivered to a pet?

**Answer:**

40) Where do we keep extra instruments or sterile gauze?

**Answer:**

41) Where are the sterile gloves and gowns kept?

**Answer:**

42) Where are the bonnets and masks kept?

**Answer:**

43) Where do we keep bandage material?

**Answer:**

44) Where are the catheters and catheter supplies stored?

**Answer:**

45) Where are the anesthesia masks/cones kept?

**Answer:**

46) Where is our crash cart kept?

**Answer:**

**MODULE 6: ILL PETS AND HOSPITALIZATION**

**Lesson 2: Common In-patient Problems**

## 1) How do we assess or measure pain?

[Note to Trainer: For more information you can visit the International Veterinary Association for Pain Management and AAHA’s website for guidelines.]

**Answer:**

## 2) How is pain managed? Which pain medications does our hospital stock?

**Answer:**

3) Are pain medication dosage tables or charts available?

**Answer:**

## 4) Who monitors hospitalized patients for pain and how are patients monitored?

**Answer:**

## 5) What are our hospital’s standard pain protocols for surgery?

**Answer:**

## 6) Is pain scoring different for sick or injured pets compared to scoring used for surgical cases?

**Answer:**

## 7) How does our practice educate clients about pain and pain management?

## [Note to Trainer: The goal of this question is to discuss ways that your team members can avoid having a client take the pain medication home but not administer it to the pet because, “She didn’t look painful.” Some clients do not know or understand how their pet shows pain. How do you educate clients about postsurgical pain or pain due to chronic diseases such as osteoarthritis?]

**Answer:**

## 8) What anesthetic drugs does our practice commonly use and why?

**Answer:**

## 9) What anesthetic monitoring devices does our practice utilize?

**Answer:**

10) Who is responsible for monitoring during anesthesia? How does the monitoring differ for different procedures?

**Answer:**

11) Does our practice use a risk classification system to assess patients prior to anesthesia?

[Note to Trainer: For more information on risk classification visit www.acva.org.]

*Sample Response: Class I is a low risk procedure such as a spay or neuter in a healthy young pet. Class II is a non-elective procedure in a young, healthy pet, such as putting a cast on a young dog with a broken leg or anesthetizing a patient without preanesthetic blood work or an electrocardiogram. Class III is a pet who is older or has minor health issues, e.g., a senior pet being anesthetized for dental cleaning with mild elevations in liver enzyme levels or creatinine levels. Class IV is an ill pet such as a blocked cat or a dog with a splenic mass. Class V is reserved for something like a gastric dilation and volvulus (GDV) where the pet is unstable but requires surgery.*

12) Does a patient’s risk classification affect how the pet is monitored while under general anesthesia?

**Answer:**

13) How is anesthetic monitoring recorded in the patient’s medical record?

**Answer:**

## 14) Who is responsible for treating hospitalized pets?

**Answer:**

## 15) Where are the medications kept for each hospitalized pet?

**Answer:**

16) Where are the pets’ belongings kept while they are hospitalized?

**Answer:**

## 17) How are the treatments recorded in the medical record?

**Answer:**

## 18) When are hospitalized pets examined by the doctor?

**Answer:**

## 19) How is nutritional support provided?

## [Note to Trainer: The goal of this question is to relay the fact that survival rates in human and animal intensive care unit (ICU) patients are much higher when the patients receive aggressive nutritional support. The lining of the gastrointestinal system receives about half of its nutrition from ingesta passing by. After about 48 hours of being anorexic, a patient’s cells in the lining of the intestine start to die, absorption of food becomes less efficient, and the animal becomes further debilitated. In cats, hepatic lipidosis can start within 48 hours of the onset of anorexia. Does your practice use nasogastric tubes, **esophageal tubes,** or syringe feeding? Do you have a total parenteral nutrition (**TPN)** available (Mathews 2006)?]

**Answer:**

## 20) How does our practice provide fluid support?

[Note to Trainer: Discuss fluid types, what they do, and how they are administered (e.g., IV, SQ.]

**Answer:**

## 21) Where are the fluid pumps kept?

**Answer:**

## 22) Where are the rate, volume, and additives written?

## [Note to Trainer: This is a good time to go over in-hospital treatment sheets.]

**Answer:**

23) What are our hospital’s visiting hours? Are they standardized?

*Sample Response: Our hospital has a written procedure for visiting hospitalized pets to standardize how clients are allowed to visit their hospitalized pets, and it also addresses who will communicate with the client, when the client can visit, and the location and duration of the visit.*

24) When is a patient considered an “**intenstive care unit**” (ICU) case?

[Note to Trainer: Would this be any patient receiving IV fluids? For contagious diseases such as parvovirus? If extensive monitoring is required? Does your practice charge differently for different levels of care? If so, what determines those levels?]

**Answer:**

### 25) How long is it acceptable to leave a pet in a dirty cage?

[Note to Trainer: This question is designed to generate a discussion about quality of care. If a CCR walks by a dirty cage is it acceptable to leave it that way? Should the CCR clean it or inform someone else that it needs to be cleaned?]

**Answer:**

### 26) How often are hospitalized dogs taken outside?

[Note to Trainer: Is it different for pets receiving IV fluids or diuretics, or that are diabetic? How about if they have diarrhea?]

**Answer:**

### 27) How are hospitalized patients kept comfortable?

### [Note to Trainer: The goal of this question is to discuss how best to keep pets both more comfortable and more safe. Pets are not comfortable if they are nauseous, have a full bladder, are cold or wet, etc. Discuss bedding, keeping pets warm, warming the IV fluids prior to administration, etc. Keeping patients warm, clean, hydrated, and nourished improves survival and reduces **morbidity**.]

**Answer:**

28) Where is it written on the chart if a hospitalized patient is (or isn’t) eating, drinking, urinating, or defecating?

**Answer:**

[Note to Trainer: As with boarders, who is informed of problems?]

### 29) What does clean and comfortable mean for a patient with vomiting and/or diarrhea?

**Answer:**

30) What steps do your team members take to maximize patient safety?

[Note to Trainer: How do your team members avoid giving the wrong medication or drug dose, having a pet escape from the hospital, monitoring during anesthesia, etc.?]

**Answer:**

# 31) When should a patient not be given water to drink?

# [Note to Trainer: Does your practice have a system (e.g., cage cards) that lets all team members know if food or water should be withheld? Everyone needs to work together as a team to prevent or correct mistakes. Team members should ask if they see something that doesn’t look right.]

# *Sample Response: Water should not be offered to animals that are vomiting, prior to general anesthesia, during recovery from anesthesia, or during a water deprivation test. If a team member sees a patient with no water dish it is possible someone forgot to give the pet water. Always check with the doctor or technician first before giving anything to a hospitalized pet.*

# 32) When should a patient not be given any food to eat?

**Answer:**

**Module 6 Suggested Reading**

American Animal Hospital Association. 2008. *Patient Care Standards. AAHA Standards*. Lakewood, CO: AAHA

Mathews, Karol A. 2006. *Veterinary Emergency and Critical Care Manual*, Second Edition. Guelph: Lifelearn, Inc.

Nelson, Richard W., and C. Guillermo Couto. 2009. *Small Animal Internal Medicin*e, Fourth Edition. New York: Mosby.