CLINICAL ESSENTIAL
HUDDLE CARD

All associates must comply with their state practice acts.

QUESTIONS FOR DISCUSSION

Where can you find information about your state practice acts?

If you are unclear of what is expected of you around state requirements, who do you talk to?

KNOW YOUR ROLE!

Veterinarian:
Know and follow your state practice act.

VT:
Know and follow your state practice act.

PM:
Support your credentialed team members to know and follow their state practice act.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Veterinarians or trained associates under the direct supervision of a veterinarian perform anesthetic procedures.

QUESTIONS FOR DISCUSSION

Why must the trained associate be under the supervision of the veterinarian?

Why are there restrictions on which associates are allowed to perform anesthetic procedures?

KNOW YOUR ROLE!

Veterinarian:
Provide direct supervision for all anesthetic procedures.

VA/VT:
Only perform anesthetic procedures in which you have been trained and are under direct supervision.

CSC/PM:
Understand the scheduling needs for supporting anesthetic procedures.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Sedate or anesthetize brachycephalic pets with brachycephalic-specific protocols and monitoring.

QUESTIONS FOR DISCUSSION

Where can you find information for protocols and monitoring for brachycephalic pets? Be specific!

If you are unclear, even after reading this information, what should you do?

KNOW YOUR ROLE!

Veterinarian:
Deliver quality anesthesia based on patient specific needs.

VA/VT:
Be familiar with risks associated with sedating and anesthetizing brachycephalic breeds.

CSC/PM:
Know and be able to identify brachycephalic breeds and communicate potential risks.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Offer referral of critical or unstable pets when appropriate and in the best interests of the pet.

QUESTIONS FOR DISCUSSION

When is offering a referral of a pet to an owner appropriate?

Who makes the decision to offer the referral to the owner?

KNOW YOUR ROLE!

Veterinarian:
Understand indications for referral and offer referral when indicated.

VA/VT:
Assist in providing all medical record documentation to the client/referral hospital.

CSC/PM:
Be familiar with local referral hospitals.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

All associates understand human health hazards related to anesthesia.

QUESTIONS FOR DISCUSSION

What is a common human health hazard related to anesthesia?

What resource can offer you more information on the human health hazards related to anesthesia?

KNOW YOUR ROLE!

Veterinarian:
Champion associate safety with anesthesia.

VA/VT:
Comply with all workplace and OSHA requirements.

CSC/PM:
Be familiar with health hazards related to anesthesia.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

A CPR team is available during normal hours of operation.

QUESTIONS FOR DISCUSSION

What is a CPR team? Describe several roles that comprise this team.

What resource(s) can offer you more information on CPR?

KNOW YOUR ROLE!

Veterinarian:
Designate CPR roles at the time of a CPA event.

VA/VT:
Be able to identify a CPA event and initiate BLS.

CSC/PM:
Be able and ready to assist in a CPA event/support scheduling CPR training drills.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Do not administer vaccines to an anesthetized patient unless there is a significant pet or associate safety concern to vaccinating a fully conscious pet.

QUESTIONS FOR DISCUSSION

What are the risks of administering a vaccine to an anesthetized or heavily sedated pet?

What are some strategies to mitigate risk if a stressed/fractious pet requires vaccines?

KNOW YOUR ROLE!

Veterinarian:
Determine appropriate timing and schedule for vaccine administration.

VA/VT:
Confirm with veterinarian appropriate timing of vaccine administration.

CSC/PM:
Be able to identify signs of adverse vaccine events and anaphylaxis.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Document all perianesthetic physical examination findings, changes in physical status and anesthetic procedure complications in the medical record.

QUESTIONS FOR DISCUSSION

What is meant by perianesthetic physical exam?

Why is the complete documentation in the medical record so important?

KNOW YOUR ROLE!

Veterinarian:
Ensure medical record documentation is complete and accurate for every patient.

VA/VT:
Assist in all preparations, delivery and documentation around anesthesia.

CSC/PM:
Document any client communication during the check-in process.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Administer all anesthetic medications “to effect” and do not exceed maximum drug dosages.

QUESTIONS FOR DISCUSSION

Where would you find information on maximum drug doses? Name three sources.

Who decides what a drug dose will be for a pet? Why?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to determine appropriate drug doses.

VA/VT:
Know the desired effects of medications utilized in anesthesia.

CSC/PM:
Be able to explain to clients that different anesthetic drugs may be used for different patients.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Place an IV catheter and T-port with every general anesthetic event.

QUESTIONS FOR DISCUSSION

What is considered a "general anesthetic event?"

Why is an IV catheter with a T-port required with every general anesthetic event?

KNOW YOUR ROLE!

Veterinarian:
Explain how using a T-port improves medical quality.

VA/VT:
Know how to aseptically place an IV catheter and correctly prime fluid administration equipment.

CSC/PM:
Understand the benefits of IV catheter placement and be able to explain to client.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Administer IV fluids with every general anesthetic event lasting >10 minutes unless patients are hypervolemic.

QUESTIONS FOR DISCUSSION

What does it mean if a patient is "hypervolemic?"

Why would IV fluids be required with every general anesthetic event (except if patients are hypervolemic)?

KNOW YOUR ROLE!

Veterinarian:
Determine fluid type and rate for each patient and recognize hypervolemia.

VA/VT:
Appropriately label every fluid bag and know how to use fluid or syringe pump.

CSC/PM:
Be able to communicate the benefits of IV fluid therapy to clients.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Place an endotracheal tube with every general anesthetic event.

QUESTIONS FOR DISCUSSION

Why would an endotracheal tube be required with every general anesthetic event?

Who can place an endotracheal tube with a general anesthetic event? Why?

KNOW YOUR ROLE!

DVM/VT:
Determine the appropriate ET tube: size, placement and cuff inflation.

VA:
Check all ET tube cuffs.

CSC/PM:
Know benefits of tracheal intubation and be able to communicate to the client.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Assisted ventilation is available for every anesthetic procedure.

QUESTIONS FOR DISCUSSION

How is assisted ventilation appropriately delivered during anesthesia?

Where are the emergency oxygen tank, ventilation bags and masks/diaphragms located?

KNOW YOUR ROLE!

Veterinarian:
Ensure all patients are properly ventilated throughout every anesthetic procedure.

VA/VT:
Deliver safe ventilation and understand how to monitor and assess ventilation.

CSC/PM:
Know what assisted ventilation is and why it is important.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Utilize the
Anesthetic Machine Checklist
for every general
anesthetic event.

QUESTIONS FOR DISCUSSION

Where is the *Anesthetic Machine Checklist* located?

Why would the *Anesthetic Machine Checklist* be necessary to use for every general anesthetic event?

KNOW YOUR ROLE!

Veterinarian:
Ensure the *Anesthetic Machine Checklist* is completed for every procedure and document in the medical record.

VA/VT:
Perform maintenance and testing on all anesthetic equipment when indicated.

PM:
Support required maintenance and repair for all anesthetic equipment.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Crash cart containing emergency drugs and equipment is readily available, in a designated place, portable, clearly labeled and appropriately stocked at all times.

QUESTIONS FOR DISCUSSION

Where is the crash cart located?

Is the crash cart currently clearly labeled and appropriately stocked?

KNOW YOUR ROLE!

Veterinarian:
Ensure a crash cart is readily available in your hospital.

VA/VT:
Ensure the crash cart is appropriately stocked at all times and expiration dates checked.

CSC/PM:
Know the location of the crash cart, situations that require it and support needed inventory.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Thoroughly clean, disinfect, dry and store personal anesthesia equipment in a manner that prevents contamination prior to each use.

QUESTIONS FOR DISCUSSION

Where are clean, disinfected and dry endotracheal tubes, masks and diaphragms stored?

What are some examples when personal anesthesia equipment should not be cleaned but discarded and replaced?

KNOW YOUR ROLE!

Veterinarian:
Ensure hospital is stocked with appropriate personal anesthesia equipment.

VA/VT:
Ensure all personal anesthesia equipment is appropriately cleaned and stored.

PM:
Understand the scheduling needs to perform cleaning tasks.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Anesthetic machines and equipment are tested and maintained on a regular basis and a permanent log of maintenance is kept.
Anesthetic events are postponed until all equipment is fully functional.

QUESTIONS FOR DISCUSSION

Where, in the hospital, is the permanent log of maintenance for anesthetic machines and equipment kept?

How would associates know that anesthetic machines or equipment are not fully functional?

KNOW YOUR ROLE!

Veterinarian:
Determine which monitoring equipment is required for each anesthetic event.

VA/VT:
Maintain a current and complete log of anesthetic machine maintenance.

PM:
Support required maintenance and repair needs for all anesthetic equipment.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

The attending veterinarian ensures all equipment is working correctly prior to proceeding with premedication and anesthesia.

QUESTIONS FOR DISCUSSION

What are the consequences of performing anesthesia if equipment is not working correctly?

Why is it the attending veterinarian's job to make sure all equipment is working correctly prior to premedication and anesthesia for a patient?

KNOW YOUR ROLE!

Veterinarian:
Ensure completion of the *Anesthetic Machine Checklist*.

VA/VT:
Determine if all anesthetic equipment is functioning and bring concerns of malfunction to team/PM.

CSC/PM:
Facilitate scheduling/rescheduling of anesthetic procedures based on availability of functional equipment.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

The attending veterinarian chooses protocols and determines specific drug dosages.

QUESTIONS FOR DISCUSSION

How does the attending veterinarian make decisions about the correct protocols and specific drug doses for a patient?

Why is this the attending veterinarian's responsibility?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to determine patient-specific needs and drug doses.

VA/VT:
Document in the medical record which protocol and all medications that were utilized.

CSC/PM:
Ensure an accurate weight is obtained for every patient at every visit.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Assign an ASA status to each pet undergoing general anesthesia and address status appropriately as part of the preanesthetic evaluation.

Discuss increased risks of anesthesia for pets with an ASA status of >3 with owners and postpone, cancel or refer anesthetic procedures when indicated.

QUESTIONS FOR DISCUSSION

What is meant by an "ASA status of >3" and what might "address status appropriately" include?

Who is responsible for discussing these increased risks with the owners? Who makes the decision to postpone or cancel a procedure?

KNOW YOUR ROLE!

Veterinarian:
Communicate ASA status and increased risk, if applicable, to the anesthesia team and the client.

VA/VT:
Be familiar with the criteria for ASA status classification and support diagnostic and therapeutic interventions as medically indicated.

CSC/PM:
Ensure all client contact information is up to date and correct to help facilitate communication.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Preemptively identify patient-specific factors that may influence anesthesia (*e.g.*, signalment, adverse drug reactions) and adjust protocols appropriately.

QUESTIONS FOR DISCUSSION

How may the patient history influence anesthesia and anesthetic protocols choices?

Who is responsible for adjusting protocols appropriately?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to determine patient-specific needs and appropriate protocol.

VA/VT:
Be familiar with certain breed-specific anesthetic risks.

CSC/PM:
Accurately identify and flag patients in PetWare that are stressed or fractious.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Obtain and review clinical pathology data prior to general anesthesia. Verify, document and address all clinically significant abnormalities prior to premedication, communicate to the team and discuss with the client. Dismissal of abnormal results is not permitted.

QUESTIONS FOR DISCUSSION

Why is it so important to review clinical pathology data prior to general anesthesia?

Who is responsible for reviewing and communicating clinical pathology information to the team and the client(s)?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to evaluate clinical pathology results and discuss with the client.

VA/VT:
Perform preanesthetic blood screen and flag abnormal results to veterinarian.

CSC/PM:
Be able to explain why a blood screen is performed prior to anesthesia.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Perform a thorough physical examination prior to any anesthetic event and obtain a current and accurate weight. Verify, document and address all clinically significant abnormalities prior to premedication, communicate to the team and discuss with the client. Dismissal of abnormal findings is not permitted.

QUESTIONS FOR DISCUSSION

Why is a physical examination so important prior to any anesthetic event?

What are some ways to facilitate a complete physical examination on a stressed or fractious pet?

KNOW YOUR ROLE!

Veterinarian:
Perform a complete physical exam and discuss findings with the client and anesthetic team.

VA/VT:
Assist in medical record documentation of all physical exam findings.

CSC/PM:
Ensure an accurate weight is obtained for every patient at every visit.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

The attending veterinarian reviews the medical history of each pet prior to any anesthetic procedure.

QUESTIONS FOR DISCUSSION

Why must the attending veterinarian be responsible for reviewing medical history of each pet prior to any anesthetic procedure?

Who else on the team should know the findings of this medical history review?

KNOW YOUR ROLE!

Veterinarian:
Review the patient's medical record and discuss areas of increased risk with team.

VA/VT:
Assist in preparing for anesthesia based on patient-specific needs.

CSC/PM:
Document all related client communication in medical record and relay any client concerns to the anesthesia team.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Perform a physical examination (including all cardiovascular parameters) post-premedication and pre-induction for every general anesthetic event.

QUESTIONS FOR DISCUSSION

Why is it important to perform a physical examination that includes cardiovascular parameters, post-premedication and pre-induction?

Who is responsible for this physical exam and give specific examples of what you may find during this exam.

KNOW YOUR ROLE!

Veterinarian:
Perform physical examination and discuss findings with team; adjust anesthetic plan as medically indicated.

VA/VT:
Assist in documenting all physical exam findings.

CSC/PM:
Understand that medication can impact physiology and patient status and may change anesthetic plan.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Identify pets at greater risk for developing hypothermia (*e.g.*, poor body condition) and institute preemptive warming measures.

QUESTIONS FOR DISCUSSION

What are the negative consequences of hypothermia? Be specific.

What are examples of approved warming measures that could be used for these pets? What warming measures should never be used?

KNOW YOUR ROLE!

Veterinarian:
Know the pharmacodynamics of different medications and expected affects to thermoregulation.

VA/VT:
Apply/utilize approved warming devices to high-risk patients prior to anesthesia.

CSC/PM:
Identify patients that are at a higher risk of hypothermia at check-in and communicate to the anesthetic team.

PM:
Remove unsafe warming devices from hospital.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Address and resolve physical examination abnormalities that may negatively impact anesthesia (*e.g.*, dehydration, obesity) prior to anesthesia when possible, especially with elective procedures.

QUESTIONS FOR DISCUSSION

Who is responsible to address and resolve physical examination abnormalities in a patient?

How could physical examination abnormalities, such as dehydration and obesity, negatively impact anesthesia?

KNOW YOUR ROLE!

Veterinarian:
Ensure patient is in best possible state prior to anesthesia, especially with elective procedures.

VA/VT:
Assist in treatment or client communication of abnormal physical exam findings.

CSC/PM:
Address or elevate client concerns for patient health, if applicable, prior to scheduling an anesthetic procedure.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Keep all pets that have been administered preanesthetic medication under visual observation at all times.

QUESTIONS FOR DISCUSSION

How do we keep premedicated pets under visual observations at all times?

Whose responsibility is it to make sure that this visual observation is happening at all times?

KNOW YOUR ROLE!

Veterinarian:
Communicate to entire medical team the status of each anesthetic patient.

VA/VT:
Assist in visual observation of all premedicated patients.

CSC/PM:
Know appropriate kennel locations for anesthetic patients.

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Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Coat endotracheal tube cuffs with sterile, water soluble lubricant.

QUESTIONS FOR DISCUSSION

Why is sterile, water soluble lubricant necessary for coating endotracheal (ET) tube cuffs? What are the risks of not lubricating ET cuffs?

Whose responsibility is it to make sure that sterile, water soluble lubricant is available and used?

KNOW YOUR ROLE!

Veterinarian:
Ensure appropriate size and selection of ET tubes are available for intubation.

VA/VT:
Ensure sterile lubricant is available in hospital at all times.

CSC/PM:
Be able to explain what intubation is to a client.

PM:
Ensure sterile lubricant is stocked.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Fill endotracheal tube cuffs to the amount required to provide a complete seal and deflate prior to removal (unless otherwise directed by veterinarian).

QUESTIONS FOR DISCUSSION

Why is it important that the endotracheal (ET) cuffs form a complete seal?

Why must the ET cuffs be deflated prior to removal? When might a veterinarian give a different direction to an associate?

KNOW YOUR ROLE!

Veterinarian:
Ensure the ET cuff is inflated throughout the procedure and communicate any changes or needs to the anesthetic team.

VA/VT:
Leak test the cuff of every ET tube prior to induction and understand how to safely test for ET cuff leaks on anesthetized pets.

CSC/PM:
Understand the benefit of intubation for anesthesia.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Keep endotracheal tubes in place until protective, vigorous laryngeal reflexes return without applying noxious stimuli.

QUESTIONS FOR DISCUSSION

Why must the endotracheal tubes be kept in place until laryngeal reflexes return?

Why is it important to not have to use noxious stimuli, and instead wait for the laryngeal reflexes to return on their own?

KNOW YOUR ROLE!

Veterinarian:
Communicate patient-specific needs for extubation and recovery.

VA/VT:
Recognize and understand criteria for extubation and unique needs for brachycephalic pets.

CSC/PM:
Recognize patients in the recovery period that may have trouble breathing.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

If patient repositioning is necessary, disconnect intubated pets from the breathing circuit prior to movement and reconnect after attaining proper positioning.

QUESTIONS FOR DISCUSSION

Why must the patient be disconnected from the breathing circuit prior to repositioning?

Whose responsibility is it to decide to reposition a patient?

KNOW YOUR ROLE!

Veterinarian:
Communicate any needs for patient repositioning during anesthesia.

VA/VT:
Turn off anesthetic gas anytime a breathing circuit is disconnected.

CSC/PM:
Know associate safety concerns with inhaled anesthetic gases.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Assign at least one hospital associate with the sole responsibility of dedicated, continuous patient monitoring and recovery to every immobilization and general anesthetic procedure. If there is not a trained, dedicated associate, the procedure must be rescheduled.

QUESTIONS FOR DISCUSSION

Why does monitoring have to be dedicated and continuous?

Why does dedicated monitoring need to extend through the recovery phase?

KNOW YOUR ROLE!

Veterinarian:
Assign an associate to each anesthetic procedure for dedicated and continuous monitoring support.

VA/VT:
Understand and perform the monitoring requirements for anesthetic procedures.

CSC/PM:
Understand the scheduling needs for both patient procedures and associate support.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

The responsibility for patient monitoring is relinquished only by transfer to another trained team member with his/her consent.

QUESTIONS FOR DISCUSSION

What kind of training must a hospital associate have to take over continuous and dedicated patient monitoring?

Why is it important to have the hospital associate's consent before transferring continuous patient monitoring responsibilities?

KNOW YOUR ROLE!

Veterinarian:
Ensure that a dedicated associate is always assigned to continuous monitoring.

VA/VT:
Communicate to the anesthetic team any changes in responsibilities of the supporting associates.

CSC/PM:
Be able to communicate with clients the monitoring support provided to each patient. Ensure hospital is staffed appropriately.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Identify and address immediate and postoperative pain.

QUESTIONS FOR DISCUSSION

How is immediate and postoperative pain identified?

Whose responsibility is it to address the pain and how will he/she do so?

KNOW YOUR ROLE!

Veterinarian:
Determine a patient-specific analgesia plan for each anesthetic procedure.

VA/VT:
Communicate any changes in pain scores to the veterinarian.

CSC/PM:
Be able to recognize signs of pain.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Continuously measure temperature, heart and respiratory rates, blood pressure, ECG, SpO_2 and end-tidal CO_2 (with capnography capability). Document at a minimum of every five minutes (or more frequently as clinically indicated) for every general anesthetic event from the time of induction until full recovery.

QUESTIONS FOR DISCUSSION

Why must all parameters be measured continuously for every general anesthetic event from the time of induction until full recovery?

Why must values be documented, at a minimum, at every five minutes?

KNOW YOUR ROLE!

Veterinarian:
Document, or communicate the need to document, additional parameters or interventions.

VA/VT:
Know critical values and trends that require communication to the veterinarian.

CSC/PM:
Be able to communicate with clients the monitoring support provided to each patient.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Identify, verify, communicate to the anesthesia team and address abnormal patient monitoring parameters and trends. Presumptions of malfunctioning equipment and dismissal of abnormal parameters are not permitted.

QUESTIONS FOR DISCUSSION

Why is it important to verify abnormal monitoring parameters? Why are interventions for abnormal parameters individualized to the patient? Give examples.

Why is it dangerous to presume that equipment malfunctioned or to dismiss abnormal monitoring parameters?

KNOW YOUR ROLE!

Veterinarian:
Address or instruct the anesthetic team on interventions to support critical values or patient needs.

VA/VT:
Inform veterinarian of all abnormal critical values and trends.

CSC/PM:
Support maintenance and calibration of anesthesia monitoring equipment.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Abort, as able, elective anesthetic procedures in cases of worsening or refractory patient physical parameters (*e.g.*, hypotension, hypothermia).

QUESTIONS FOR DISCUSSION

Why is it considered safer to stop or cancel an elective procedure if a patient's physical parameters worsen?

Who would be responsible for making this decision to stop or cancel rather than continue?

KNOW YOUR ROLE!

Veterinarian:
Advocate for patient safety and determine most appropriate decisions for proceeding with anesthesia.

VA/VT:
Know critical values associated with anesthesia, communicate all changes with veterinarian and advocate for patient safety.

CSC/PM:
Support a culture of safety and assist with client communications in cases where procedures are aborted.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Keep all patients recovering from an anesthetic procedure under visual observation at all times until full recovery.

QUESTIONS FOR DISCUSSION

Why is it so important to keep these patients under visual observation at all times until full recovery?

Whose responsibility would it be to make sure this visual observation occurs?

KNOW YOUR ROLE!

Veterinarian:
Be sure every pet is properly recovered and monitored completely.

VA/VT:
Visually observe and intervene as needed for every patient in the postoperative period.

CSC/PM:
Know appropriate kennel locations for anesthetic patients.

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Version 1
Veterinary Medicine Team

Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

A final postanesthetic evaluation of each patient is performed by the veterinarian prior to discharge from hospital.

QUESTIONS FOR DISCUSSION

What could a final postanesthetic evaluation prior to discharge reveal?

Why would this postanesthetic evaluation need to be performed by the veterinarian and not any other associate?

KNOW YOUR ROLE!

Veterinarian:
Perform postanesthetic physical examination prior to discharge.

VA/VT:
Document all postanesthetic findings in the medical record.

CSC/PM:
Ensure final postanesthetic evaluation has been performed prior to discharging patient.

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CLINICAL ESSENTIAL
HUDDLE CARD

Aseptically place a sterile IV catheter and T-port for every patient receiving IV fluids.

QUESTIONS FOR DISCUSSION

Describe the process of aseptic technique for placing an IV catheter.

Why is it important to place a T-port when administering IV fluids?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to determine IV fluid rate and response to fluids.

VA/VT:
Place an IV catheter for every patient that is receiving IV fluids, if deemed appropriate by state practice act.

CSC/PM:
Know that an IV catheter is placed with every general anesthetic procedure and communicate to client.

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CLINICAL ESSENTIAL
HUDDLE CARD

Mark fluid bags with date, time and all additives when initially accessed or when administration sets are attached (fluid bags are spiked), using the available label.

QUESTIONS FOR DISCUSSION

What are the key components to include on a fluid bag label?

Where can fluid labels be found?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to determine what, if any, additives are needed for specific patients.

VA/VT:
Label each IV fluid bag appropriately and accurately.

CSC/PM:
Know how to read the fluid label on an IV fluid bag and ensure enough labels are in inventory.

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CLINICAL ESSENTIAL
HUDDLE CARD

Use aseptic technique when accessing patient IV lines, multi-use vials and fluid bags.

QUESTIONS FOR DISCUSSION

What does aseptic technique when handling fluid lines and multi-use vials look like? Describe the process.

Describe several examples of drugs or products that would require use of aseptic technique.

KNOW YOUR ROLE!

Veterinarian:
Champion aseptic technique.

VA/VT:
Use aseptic technique at all times when required.

CSC/PM:
Be able to identify if a patient has an IV catheter with an associated T-port in place.

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CLINICAL ESSENTIAL
HUDDLE CARD

Change extension sets between each patient undergoing general anesthesia. Use a new, sterile extension set for each patient receiving IV fluids.

QUESTIONS FOR DISCUSSION

What is the process for ensuring a new extension set gets utilized for each patient?

Where can additional extension sets be found?

KNOW YOUR ROLE!

Veterinarian:
Ensure a new extension set is utilized for each patient.

VA/VT:
Replace and prime extension sets for each patient.

PM:
Ensure enough inventory is on hand to support the anesthetic procedures.

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Content is derived from *Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline*

CLINICAL ESSENTIAL
HUDDLE CARD

Discard ALL used fluid bags and administration sets at the end of the day.

QUESTIONS FOR DISCUSSION

When are used fluid bags and administration sets discarded?

Why is it important to utilize new fluid bags and administration sets each day?

KNOW YOUR ROLE!

Veterinarian:
Ensure new fluid bags and administration sets are used each day.

VA/VT:
Discard all fluid bags and administration sets after the last patient has been discharged.

PM:
Ensure enough inventory is on hand to support the anesthetic procedures.

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CLINICAL ESSENTIAL
HUDDLE CARD

Discard fluid bags and administration sets immediately if contamination is noted or suspected and replace with new.

QUESTIONS FOR DISCUSSION

What are steps to help reduce contamination of IV fluid bags or administration sets?

What are examples of contamination of a fluid bag or line?

KNOW YOUR ROLE!

Veterinarian:
Identify and communicate concerns of contamination of fluids bags.

VA/VT:
Be aware of possible signs of contamination and notify veterinarian if signs are noted.

PM:
Ensure enough inventory is on hand to support the anesthetic procedures.

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CLINICAL ESSENTIAL
HUDDLE CARD

Discard fluid bags and administration sets upon discontinuation of fluid therapy and replace with new in ANY of the following:

- **If backflow of blood into any portion of the fluid line is noted**
- **After fluids have been used on a pet with a known infection**
- **If any supplemental therapeutics have been injected into the bag or administration line**
- **If fluid bags and administration sets are used to deliver a fluid which may promote microbial growth**

QUESTIONS FOR DISCUSSION

What are a few examples of additives commonly delivered in IV fluids?

What are a few examples of fluid (or additives) that may promote microbial growth?

KNOW YOUR ROLE!

Veterinarian:
Communicate to anesthetic team pets that have known infections and would require patient-specific fluid bags.

VA/VT:
Label all patient-specific fluid bags with patient name and additives.

CSC/PM:
Identify and communicate concerns where fluid bags and lines should be discarded.

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CLINICAL ESSENTIAL
HUDDLE CARD

Clamp administration sets closed in between procedures (within day-of-use window) and place new, sterile needle with cap in place over end of administration set. Hang administration set when not in use so as to not contact patients, tables or other materials.

QUESTIONS FOR DISCUSSION

Where are potential sources of contamination with fluid bags and IV lines?

What should be done if a fluid bag/ administration set is found without a capped needle or is in contact with a table?

KNOW YOUR ROLE!

Veterinarian:
Support appropriately handling all IV fluid lines and mitigation of contamination.

VA/VT:
Ensure all administration sets are clamped and covered with a capped needle when not in use.

CSC/PM:
Know where IV fluid bags may be stored during the day and aid in preventing contamination whenever in the treatment area.

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CLINICAL ESSENTIAL
HUDDLE CARD

For fluid bags and administration sets used for SC fluid administration:

- **Discard immediately if any signs of gross contamination.**
- **Use a new extension set and needle for each patient.**
- **Discard at end of day.**

QUESTIONS FOR DISCUSSION

How should fluid bags and lines used for IV use versus SC use be handled?

Where are the risks of contamination with SC fluid administration?

KNOW YOUR ROLE!

Veterinarian:
Use available resources to determine fluid replacement needs for each patient.

VA/VT:
Know how to administer SC fluids safely and effectively.

CSC/PM:
Ensure fluid bags are discarded at the end of each day.

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CLINICAL ESSENTIAL
HUDDLE CARD

Multi-dose vials

- **Medication/dilution/reconstitution:**
  - **Use aseptic technique.**
  - **Discard immediately if any signs of gross contamination.**
  - **Obtain a new, sterile syringe and needle for each use.**
  - **Discard syringe and needle after each use.**
- **If fluid bags used for medication dilution, reconstitution or preparing flush solution:**
  - **Follow requirements for multi-use vials.**
  - **Discard fluid bag at end of day.**

QUESTIONS FOR DISCUSSION

What are key components to include on a label for a multi-dose vial (in accordance with state law)?

What are some signs of potential contamination and what can be done to reduce risk if contamination is noted frequently?

KNOW YOUR ROLE!

Veterinarian:
Know and communicate the reconstitution requirements for individual drugs or drug combinations.

VA/VT:
Label reconstituted drug vial appropriately and monitor for contamination and expiration dates.

CSC/PM:
Understand that various steps are in place to mitigate contamination of multi-use vials.

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