



# Veterinary Health Center

MANHATTAN, KANSAS

OFFICIAL PROTOCOL

## INTENSIVE CARE UNIT PROTOCOL

### MENTAL AND EMOTIONAL WELL BEING OF PATIENTS

1. Excellent nursing care is as important as any medical treatment you will provide and even includes the simple act of grooming your patients. However, aggressive grooming with clippers or scissors is usually not necessary and can cause serious harm—please avoid this.
2. Animals that can be walked need to be taken out as often as possible, especially if they are on fluids. Forcing an animal to urinate or defecate in their cage can be very distressing to the patient. If walking orders are not on the treatment sheet, consult with the doctor/student on the case prior to taking the patient out because there may be a reason NOT to walk the animal (e.g. respiratory distress or unstable patient). An indwelling urinary catheter may be helpful for many of these patients.
3. Spend time talking, petting, and spoiling the patient. Don't let the patient think that every time the cage door opens, something bad is going to happen.
4. Patients are admitted to ICU for 24-hour monitoring due to serious illness or injury. However, the patient needs rest as much as any other care we can provide. When possible, keep this in mind regarding the atmosphere, volume and lighting in ICU, particularly during nighttime hours.
5. The “Will Bite” or “May Bite” label will need to be affixed to patient kennels and charts when deemed appropriate. We should attempt to determine why or when an animal will bite. In the ICU setting, the patient is sometimes painful and/or scared. These patients could benefit from extra time spent helping to calm them between treatments or they might need additional pain management.
6. When handling cats, less restraint often means less resistance. When appropriate, try to utilize low-stress methods (“kitty burritos”, Feliway, a quiet place to examine the patient) instead of scruffing them immediately.

**7. PLEASE ALWAYS REMEMBER: *Treat your patients as if they were your own pets.***

### SCENARIOS FOR STUDENTS WORKING IN ICU

Senior veterinary students will interact with ICU patients and staff in a variety of circumstances. Your specific duties will vary depending on what capacity you are serving in.

1. Emergency Rotation students are primarily responsible for emergency receiving, but also assist with ICU patients when possible. Emergency rotation students are scheduled for two weeks with shifts of 3:45 PM-midnight or 10:30 PM to 7:30 AM. You will be responsible for this patient until

it is transferred. You will receive more details regarding patient responsibilities and transfers at the start of your rotation.

2. Weekend Primary and Backup Emergency students are scheduled from 7:30 AM to 4 PM on Saturday, Sunday and VHC holidays. These students are primarily responsible for emergency receiving, but also assist with ICU patients when possible. Any inpatient you take in during this shift will stay with you until they are transferred on Monday morning. Transfers will take place on Tuesday in the case of a Monday VHC Holiday.
3. Students on specialty rotations (i.e. Surgery, Ophthalmology, Internal medicine, etc.) will often have inpatients in the ICU. Your primary patient responsibilities are the 7 AM and 7 PM exams and treatments, client communication, and completing the medical record (SOAP). You will discuss your findings and treatment changes with your clinician during this time as well. If you are available during the weekday to help with hourly treatments on your patient, this is appreciated. However, ICU nursing staff will be performing these treatments and documenting their notes on Instinct for your review. They will page you to ICU as needed.
4. ICU backup students are scheduled on weeknights at midnight, weekend days and holidays. When applicable, you will receive a schedule from the Clinical Sciences office with your ICU Backup responsibility.

A registered ICU veterinary nurse (RVT) is generally on duty daily from 6:00 AM to 6:00 PM and nightly 6:00 PM to 6:00 AM. The ER rotation nurse will be available during most ER receiving hours as well.

### **STUDENT RESPONSIBILITIES**

Apart from 7 AM and 7 PM SOAPS, ICU nurses, assistants, and student workers will be completing most of the hourly treatments on ICU patients. You should help with hourly treatments if you are not actively engaged with Emergency receiving (on Emergency rotation or Weekend Emergency duty) or if you are called in for ICU backup.

If your help is needed for ICU Treatments, your responsibilities will typically include:

1. Completing treatments as ordered through Instinct.
2. Documenting any variables or communication with clinicians in Instinct through the Progress Notes section. This includes notifying the attending clinician by phone of any changes in clinical status that may require new or modified orders or client communications and then documenting in Instinct. If a patient codes in ICU, the clinicians must be notified immediately—an ICU nurse or DVM in attendance will typically make this call.
3. **Calling an overhead CODE 10 when appropriate**: Unless patient is DNR status, begin resuscitation if cardiac or respiratory arrest occurs. Call the Small Animal Discharge/Emergency Desk personnel (2-4100 or 2-4101) and tell them that there is a Code 10 in ICU and hang up. Start resuscitation.
4. Keeping the patient as clean and comfortable as possible.
5. Checking all IV catheters for patency and any distal limbs for swelling.
6. Noting any changes in patient mentation, respiratory pattern, or any other concerns and effectively communicating with either an ICU nurse or doctor.
7. Checking bandages for strikethrough and changing as indicated.
8. Determining that the rate and type of IV fluids is correct.
9. Being presentable. Please wear clean scrubs and closed-toe shoes to the ICU.

### **GENERAL RULES FOR ICU**

*Updated 4/5/2023*

*Approved by E. Davis, Hospital Director  
T. Oliver, ICU Nurse Supervisor*

1. Intensive Care Unit Telephone Numbers are 532-4140 or 532-4141. **These numbers should not be given to clients.**
2. Cleanliness is critical and any dirty patient or cage must be cleaned when observed. Wet and dirty cages should be wiped down with disinfectant solution and new bedding should be placed in the cage. Wet patients should be dried, and soiled patients should be cleaned.
3. All clinicians, staff, and students are responsible for cleaning up after themselves.
4. When the trash is full, the trash liner should be removed and placed in the hallway.
5. Organic waste is disposed of using disposable materials. Use paper towels to clean up vomitus, feces, urine and/or blood.
6. If the sharp waste container is full, close the container appropriately, and place it on the counter in Ward Services. Obtain a new one from Ward Services as well. Do not overfill.
7. Please do not sit on the counters.
8. No food in ICU. Covered beverages are permitted.
9. ICU should not be used as a procedure room for patients that are not in ICU.
10. Drugs on ICU shelf are for ICU patients only. **DRUGS IN CRASH CART ARE ONLY USED FOR EMERGENCIES!**
11. No equipment will be borrowed without permission from an ICU veterinary nurse.
12. ICU is not Central Preparation or a dispensary. Do not take supplies for patients not in ICU.
13. Change gloves between all patients.
14. If you're not working in ICU, try to avoid "hanging out" during major treatment hours (7 AM/7 PM) unless working with a patient. This includes updating treatment sheets, EMR and communicating with owners-please use computers and phones in other areas of the hospital when possible. ICU phones should be left available for ICU communications. All of these actions will help reduce disorder for the faculty, staff, and students actively evaluating patients in the ICU and will make more in-depth procedures easier to perform.

#### **GENERAL RULES FOR CARE OF PATIENTS IN ICU**

1. Attending clinicians, residents, interns, and students maintain primary responsibility of their patients after admitting them to ICU.
2. Inpatients with known or suspected infectious diseases (especially parvovirus and infectious rhinotracheitis) must be placed in the isolation ward. Waste must be disposed of in appropriately labeled biohazard bags.
3. Patients with known or suspected zoonotic diseases should be clearly labeled and all persons with contact with that patient should be logged. Waste must be disposed of in appropriately labeled biohazard bags.
4. All patient cages must have patient identification and an emergency drug sheet. The cage card will have a patient label and indicate the service responsible for the patient. An ICU Emergency Drug sheet should be made for each patient and affixed to the cage. ID collars are a preferred method of identification, but some ICU patients may be exempt from this rule due to their condition.
5. Instinct treatment sheets should be reviewed and updated as needed at least every 12 hours at 7 AM and 7 PM. They may be updated at any time, however. The clinician-in-charge should be notified after the treatment sheet draft is created so that it can be revised and approved as appropriate. Alert the clinician whenever you make a change in draft mode that requires approval (typically fluids and drugs) as Instinct does not alert the clinician of these changes.

6. All treatments, monitoring, or pertinent observations (i.e., development of vomiting or diarrhea) must be recorded in Instinct. Client communication is logged in Instinct as well.
7. High-risk patients are treated first; patients with resistant or infectious organisms last. Ideally, these two populations of patients should not be cared for by the same nurse/assistant/student.
8. Gloves must be worn when handling any ICU patient for any reason. A clean pair of gloves must be worn to handle each patient (i.e. wash hands and change gloves between all patients).
9. Do not leave any animal unattended in an open cage or on an examination table.
10. Use the fleece provided in ICU. Incontinence pads can be used to prevent soiling of the fleece.
11. All drugs opened and reconstituted in ICU should be labeled with the date, the drug concentration, and the patient's name. When drugs are added to fluids, the fluids must be labeled similarly. Drugs for a specific patient must be labeled with patient ID sticker and stored in the appropriate basket.
12. Drug infusion and liquid feeding lines should be clearly labeled with the drug being administered. The pump used for the drug infusion should have the "drug infusion calculation sheet" taped to it. These are found at the ICU Nurse's station and also known as the CRI or pink sheet.
13. Catheter and Tube Labels. All tubes and catheters, other than venous catheters, will be labeled with the appropriate labels. If a patient has more than 1 chest tube, each should be labeled. *Labels available include:* urinary catheter, arterial catheter, TPN catheter, gastrostomy tube, jejunostomy tube, nasoesophageal tube, chest tube, and nasal insufflation. If a catheter needs to be replaced, make sure to record it in Instinct.
14. Use a syringe of saline to flush catheters every four hours. There are pre-filled syringes of saline available at the ICU treatment tables. Heparinized saline should be used for central lines and are made for each patient.
15. TPN catheters and administration sets require special care. Please refer to the protocol for care of patients on TPN.
16. A maximum of two attempts for blood collection by the student is allowed. If a clotting disorder is possible, limit blood collection attempts and discuss plan with your clinician.
17. If heating pads are used, the patient's temperature should be monitored on a regular basis. The heating pads should be removed once the patient's temperature is normal. The clinician and student are responsible for requesting temperature monitoring. Please clean the heating pad thoroughly after each use.
18. If removing a patient from ICU for any reason (i.e. radiology, owner visitation, or other procedures), inform the ICU student or veterinary nurse on duty and mark flow sheet accordingly.
19. Chest tube/Feeding or Urine Syringes. Syringes kept in an animal's "treatment box" to be used for administering food/water, collection of drainage from a chest tube or collection of urine, will be clearly labeled for intended purpose, or they will be discarded. All syringes should have a capped needle on them. Do not use any opened, non-labeled syringe.
20. ICU Visitation: The student or clinician should check with the ICU staff before bringing an owner to visit an ICU patient. The patient should be taken to an exam room for a visit, if possible. If the patient cannot leave the ICU for whatever reason, the student should be with the owner(s) at all times. The visit should be no longer than 5-10 minutes in duration.
21. Do not bring friends, relatives, or other visitors into the ICU area. Under no circumstances are children to be brought into ICU.

22. Check the medication box for patient drugs and belongings before discharging a patient. Controlled drugs will need to be picked up by owner at the desk.
23. Once a patient leaves ICU, the cage must be cleaned, medication box cleaned out, and any loose records turned into the discharge desk. Medications not used for the patient should be returned to the dispensary.

### **SMALL ANIMAL ICU FEES**

1. All charges will automatically be added through Instinct as the procedure and treatment is completed and notated in the treatment sheet or EMR. Remember to record all procedures, treatments, and equipment/materials with confirmation from the clinician before your patient is discharged. All charts will then go through a final audit either before or after the patient leaves. Ensure that all supplies have been added through the EMR or treatment sheet as well.
2. ICU Fee includes only daily observation. Separate charges will show on the EMR for the daily care fee and any procedure, tests, drug, or supplies (urinary or IV catheter, bandage material, T-ports, injection caps, extension sets, drip sets, fluids, etc.).

### **ICU ORDERS AND TREATMENT SHEETS USING INSTINCT**

1. ICU orders must be completed soon after patient is admitted to ICU. They should be updated at 7 AM and 7 PM at a minimum but can be updated at any time. Do not add treatments to the current treatment hour unless you plan to complete them yourself or communicate the changes with the ICU staff.
2. The patient must be weighed every day. This is very important when trying to assess fluid requirements. Record the entry weight (in kilograms) in Instinct at least once daily or more often if required.
3. Under the patient's name in Instinct, enter the ICU cage number, Clinician or House officer, student and presenting problem OR working diagnosis.
4. To create the ICU treatment sheet, select patient in Instinct and add the group order "SA ICU Treatment Sheet." Adjust the orders as needed including start time and frequency and then press "Order" to create the treatment sheet. You should add your call parameters in the "Order Notes" box.
5. You can now add medications and any additional treatments that your patient needs. Fluid additives receive their own line under the "Continuous Infusions" section.
6. Please tell your clinician when the treatment sheet draft is completed by you. A DVM will need to approve the treatment sheet in order for certain treatments to be completed.
7. Do not forget feeding status, especially NPO for patients awaiting anesthesia or abdominal ultrasound.
8. Note the current IV catheter sites and the date and time they were placed.
9. Be sure to add all other instructions including instruction for urinary catheter care, bandage care, checking neurological status, etc. Groups are available for many common treatments and allow you to quickly add all necessary treatments (ex: SA Urinary Cath Setup Fees).
10. Drugs and their administration schedule
11. Make sure to include the limits on the parameters. If a patient's parameters are outside of these limits, the clinician on record will be called.

12. If PCV and TP are being monitored, input the times they are to be taken in Instinct. Note other laboratory tests (i.e. blood glucose) that are to be done. Try to limit the number of blood draws performed by grouping all blood samples at the same time (if applicable).
13. If the orders instruct fluid or food intake to be recorded, be sure to notate this on Instinct.
14. Note in Instinct when the animal has urinated. If a urinary catheter is in place and the amount of urine is to be recorded, notate on Instinct the times it is to be measured.
15. Any emesis or diarrhea should always be recorded in Instinct by the veterinary nurse or student in ICU.

**IF YOU HAVE QUESTIONS REGARDING A TREATMENT, AN ORDER, OR ANY OTHER ISSUE, PLEASE ASK!**  
We want our patients to receive the best care possible, this is a team effort. Success with patient care happens because we all make it happen. Thank you for your efforts, in advance, on our patients' behalf.