



# Veterinary Health Center

MANHATTAN, KANSAS

OFFICIAL PROTOCOL

## **CLARIFICATION OF AFTER-HOURS DUTIES FOR SMALL ANIMAL ROTATIONS**

The guidelines below are to clarify the distribution of responsibilities between the Small Animal Emergency rotation (ER) and the other small animal rotations.

The goals of the Small Animal Emergency rotation (ER) are to strengthen experiences in emergency care, strengthen case continuity, and improve student experiences on small animal medicine and surgery rotations. The guidelines were developed with these goals in mind. The guidelines impact students on all small animal rotations.

### **Small Animal Emergency Rotation (ER) which includes ICU:**

Daily, **3:45 PM - midnight** (NO back-up students scheduled from other rotations before midnight)

Daily, **midnight – 7:30 AM** (3 back-up students on-call from other rotations)

1. Students on the ER rotation are responsible for Ward treatments occurring after regular business hours, with the exception of the 7 PM treatments which are performed by the student on the case. This is not exclusive for 11 PM treatments. ER students should check the Ward Treatment book or treatment sheets to see which treatments are requested. Extensive ward treatments (e.g., tube feedings, icing of incisions) should be performed by the student on the case or the student workers. ER/ICU students should make every effort to complete these treatments. If all ER/ICU students are occupied with emergency patients and therefore unable to perform these treatments within a reasonable time, they should notify the students on call for Ward treatments PRIOR to the time the treatment is scheduled. A list of on-call students for Ward treatments is posted in Ward 1 (Medicine) and Ward 3 (Surgery).
2. Cases admitted to the hospital are transferred to the appropriate service at 8 AM the following day, excluding Sunday. ER students are responsible for completing the 7 AM SOAP and treatments and ensuring that the case is appropriately transferred (i.e. they should check in with the student or clinician receiving the case).
3. Cases admitted to the hospital after 8 AM Saturday remain with the student and clinician who admitted the case, and it is their responsibility to ensure that all SOAPS and treatments are performed until the cases transfer to the appropriate service Monday morning. (Exception: cases that go to surgery will have a new clinician.)
4. ER students who take in a case that needs to go to surgery after-hours will remain with that patient through surgery, and will be the primary student on the case until it is transferred as noted in #2.

**Internal Medicine/Pet Health/Soft Tissue Surgery/Orthopedic Surgery Students:**

Saturday and Sunday, 7:15 AM – 4:00 PM (2 students on Emergency primary, 2 students scheduled on Emergency back-up; 1 student on ICU primary, 2 students on ICU back-up)

1. Students should check the Ward Treatment back-up schedule to know when they are primary or secondary back-up and be prepared to come in and do Ward treatments if the ER students are occupied with emergencies.
2. All efforts should be made to restrict ward treatments to 11 PM. These should be written in the Ward Treatment book or on the treatment sheets. Lengthy ward treatments (hot packing, icing, tube feeding, etc.) must be performed by the student on the case.
3. Cases admitted to the hospital after 8 AM Saturday remain with the student and clinician who admitted the case, and it is their responsibility to ensure that all SOAPs and treatments are performed until the cases transfer to the appropriate service Monday morning. (Exception: cases that go to surgery will have a new clinician.)
4. Cases are transferred to the appropriate service on Saturday mornings, and students should be prepared to receive these cases as described in orientation. The student receiving the transfer will be determined by the clinician on the receiving service.
5. It is anticipated that the number of students scheduled for primary and back-up emergency and ICU will be sufficient. However, exceptional days happen requiring more students than are scheduled. Even in the absence of an on-call schedule, students may be called in to assist with receiving cases, surgery, and ICU Emergency Rotation Students. As part of the new scheduling, we will allow transfer of hospitalized patients between students on the rotation.

This is being done so that students who go off-shift at midnight do not have to come in at 7 AM to treat and SOAP their hospitalized patients in the morning. Hopefully better sleep patterns can be achieved while on the rotation with this change. This transfer will only occur between students currently on the emergency rotation and only applies to emergency patients (emergency service patients). Every effort needs to be made to keep the same two students (one on evening shift, one on overnight shift) on each case until the patient is discharged or transferred to another service to help with case continuity of care and accurate client communication.

As part of this change it is imperative that the students involved in each case know just as much about each patient as the student that took in the case – THIS IS EXPECTED.

You are expected to thoroughly inform the receiving student about everything that has transpired while the patient has been in your care, including (but not limited to) any pertinent details regarding anything the owner may have communicated to you or the doctor on the case.

Excellent communication skills are imperative for this change to be effective and to not let patient care suffer because of it.

Consistent with any other small animal rotation, each patient needs to be examined, treated per the ICU flowsheet, SOAPed, and the client needs to be called and updated at the 7AM and 7PM times until the patient is discharged or transferred to another service.

