



Veterinary Health Center

MANHATTAN, KANSAS

OFFICIAL PROTOCOL

EQUINE PROTOCOL

Welcome to the Equine Rotation!

The equine faculty, house officers and staff look forward to the opportunity to work with you as you increase your clinical awareness and competence in the diagnosis and treatment of equine medical and surgical diseases. As in any clinical rotation, the amount you learn and experience will depend on your effort. To the extent that you do not understand something, feel uncomfortable or unskilled in a task, please ask and we will assist you. Take an active role in your education. If students and faculty make the effort to grow and work together, we believe you will obtain considerable knowledge and enjoyment from this experience.

ORIENTATION

An orientation session will be presented by the Section Head or a designated faculty member at 8:30 AM on the first morning of the block in the Equine Conference room (VHC: H-113). At this time, the equine protocol will be reviewed, questions answered, and staff members from around the hospital presented for special orientations relative to barn operations, desk operations, and conduct in surgery. Please review this protocol prior to coming to the first day of your equine rotation.

Following orientation, cases will be assigned and students oriented to the care of those cases. On the second day of the rotation, we will conduct a clinical skills laboratory for review of restraint, physical examination, and nursing care skills.

Please watch these videos prior to the first Tuesday of the rotation (catheter placement and nasogastric tube). These videos can be found on the Canvas (4th year rotation).

<https://echo360.org/media/211484e7-ee09-489c-a8b0-5b5857e7fd42/public>

<https://echo360.org/media/8455eb7c-9b52-4dc8-8502-5e2301a9322e/public>

CASES

Hospitalized cases

After the first day's orientation, students should immediately report to their assigned service and clinicians. Responsibility for the hospitalized cases will take effect immediately following your introduction to the block and will continue through 8:00 a.m. of the morning on which the block is scheduled to end. Students are responsible for the treatment of their cases through and including the

morning treatments on the morning of the last day of the rotation.

Outpatient cases

Students assigned to a service are to be available in the receiving area when their clinician is assigned to receiving duty. Surgery, medicine and field service receives each week day. Field service calls are made on a daily basis and are scheduled by the Field Service Clinician.

Students assigned to a particular service should be present with the clinician(s) when any active case work is occurring on that service. While you should not limit your working relationship to only those cases to which you are assigned, your first responsibility is to your assigned patients, service, and senior clinicians/house officers. Please survey Instinct for the schedule. You can assign yourself to the case, but you must let the receiving desk know. Everyone should participate equally in the care of cases. When active case work is not occurring in your assigned service, you should take the opportunity to learn about the other cases on receiving or in the hospital. If no case work is active, please utilize this time for reading or researching your cases.

CASE RECORDS

Receiving

Every animal which enters the hospital or is examined by its medical staff will have a medical record. This includes clients, donations, and teaching or research animals. This policy includes all animals including those owned by members of the student body, staff, and faculty. When a mare and foal enter the hospital, each animal must have a medical record, even if only one of the animals is being treated.

The student assigned to an admitted case is responsible for assisting the client in unloading their horse. The student is also responsible for collecting and recording the history, performing a physical examination, and formulating a working problem list and initial diagnostic plan. It is important to collect a complete history including information regarding vaccination and de-worming, medication, use, diet, bedding, and dental care for all horses and record it in the record.

There are special forms in Instinct for recording the results of lameness, neurologic, neonatal, theriogenology, and colic examinations. Students are responsible for the timely completion of these documents (same day or within 24 hours). Their correct completion is essential for quality record keeping and medical care. The student assigned to the case is responsible for formulating an initial working problem list, differential diagnoses for each problem identified, and a proposed diagnostic plan for each problem. Remember, the medical record is a legal document. It must be descriptive and accurate. The importance of complete records for instruction, follow-up letters, or retrospective clinical studies cannot be over-emphasized.

The case will then be reviewed by the house officer and the senior clinician with the student. The student should always discuss his/her findings with their assigned clinician first. The clinician will advise the client of the required tests, diagnosis, treatment, cost and prognosis. We encourage you to listen and take part in this discussion with your clinician.

HOSPITALIZATION

Entry

If a case is to be hospitalized, please alert the animal caretakers and get the horse assigned to a stall as soon as possible. If you are putting a horse in a stall, please make sure the stall card is hanging next to the horse. The students should help get the animal fed, bedded, and watered in a timely and correct fashion. The staff (caretaker, and nurses) can assist you in getting this done. The Large Animal Desk personnel can contact an animal caretaker to assist you. All animals admitted to or discharged from the hospital should be weighed on the large animal scale, unless their medical condition or temperament precludes doing so.

All cases must have stall cards (inpatient or outpatient) immediately following hospital admission. The house officers and clinicians are responsible for the completion of financial estimate forms.

When surgery is scheduled for a particular patient, and the patient needs to be held off feed signs are available for posting on stall fronts to advise people that a horse is being held off feed prior to surgery. Again, advising a caretaker, in person, of your plans and intentions is the best way to streamline this process and minimize mistakes.

In-Hospital Record

As noted above, the medical record is a legal document. Remember that the medical record is maintained permanently and may be read in the future by persons not associated with the VHC. Please transcribe your observations, and treatments, in a complete, and professional manner.

Progress notes

A daily entry of a physical examination should be documented twice a day. In some cases with difficult patients physical examinations can be done once a day (after discussion with faculty). Problem oriented medical record keeping format must be followed in Instinct. Medical treatments must be completed and morning treatment notes done before 8:00 a.m. every morning. If problems are apparent (fever, anorexia, depression, sudden lameness, colic, obstipation), you should report these findings directly to the house officer on duty, prior to going to rounds. The equine house officer will be present and in the hospital to assist you with questions or problems you might have. All hospitalized animals must be evaluated at least twice daily with changes noted as addendums to the SOAP. Please note the apparent appetite, mentation, evidence of urination, and character/amount of feces for each patient. Abnormalities, particularly depression, fever, or a reduction in fecal output should be reported to the appropriate house officer and clinician immediately.

Selected Request Forms

1. Anesthesia Request

Animals requiring anesthesia should be scheduled with the large animal surgery tech and the anesthesia service by 3:30 PM the day prior to the planned anesthetic procedure. Scheduling will be done on Instinct. Students do not have the ability to schedule anesthesia at this point. Emergency procedures should be brought to the attention of the anesthesia service as soon as possible to facilitate their handling.

2. Surgical Report

Every case for which a surgical procedure has been performed should be accompanied by a surgical report. This report is written so that the student's observations during surgery may be reviewed by the clinician and a permanent record of the technique maintained. The report is to be completed and put in

the medical record by 9:00 p.m. on the day following surgery. Details of the surgical procedure including the surgical dissection, the appearance of those tissues, tissues resected and suture size, type and pattern are all important details which should be included in the surgery report. A surgical report form should be completed for all surgeries, no matter how major or minor, including castrations and wound closures.

3. Treatments after hours

While the ICU workers and emergency students will assist in caring for the patient during the evening hours, the student on the case remains responsible for the maintenance of the complete medical record and the primary delivery of patient care. If at anytime, there are questions about the medical orders, or any significant change in the patient's status, the house officer on the case (or faculty) should be advised immediately. If you are unable to contact the house officer, or faculty member please continue to reach out to other house officers of faculty until you are in contact with someone. Never hesitate to contact any equine clinician at any hour of the day or night regarding the condition of a patient.

Equine ICU care (10 PM – 8 AM) is provided by nurses, assistants, and working underclassman ICU students.

4. Histopathology

Tissues must be submitted immediately following collection or as soon as possible following surgery. Submissions must be accompanied by a histopathology form prepared by the student.

5. Necropsy

All animals which are submitted to necropsy must be tagged and identified. Shoes, plates and catheters must be removed. Make sure the necropsy request is complete and accurate. A lab Submission Form and a complete history should accompany the request. If the horse is insured or is a Rabies suspect, this should be written across the top of the necropsy request and the pathologist advised verbally.

6. Patient Discharge

Check with the attending clinician 1-2 days prior to anticipated discharge so that he/she may review and complete the financial and accounting record. The student and house officers are responsible for preparing discharge instructions before the owner is ready to leave. Final discharge instructions need to be authorized by the senior clinician on Instinct.

All cases will be weighed and groomed for discharge. All medication must be appropriately packaged and identified. It is best to have medications prepared by the dispensary for horses going home. Most cases will be bathed prior to discharge (at appropriate times of the year), however, the student should check with the appropriate clinician on a case by case basis.

Cases to be admitted or discharged after hours are subject to the same guidelines. Clinicians will authorize after hours admissions and discharges through the Small Animal Discharge/Emergency Desk and Large Animal Desk personnel will convey the financial record and discharge orders to the Small Animal Discharge/Emergency Desk to facilitate processing. After the business aspects of the case have been concluded, the owner may come to the receiving area to pick up their horse. Under no circumstances should a student allow a client to take their horse from the hospital without being cleared first at the Large Animal Desk (daytime) or Small Animal Discharge/Emergency Desk (after hours).

Owners picking up horses should come first to the emergency desk. However, occasionally an owner will obtain entry via the large animal receiving area after hours. Please make sure that owner gets to the emergency desk.

DAILY CASE CARE AND OBSERVATION

Every animal under the student's care should be carefully evaluated, assessed, groomed and the feet cleaned out daily. Please take the time to note the horse's appetite, attitude, water consumption, and defecation. Failure to eat well or defecate regularly constitutes advance warning signs of colic. As noted above, these changes should be reported immediately to the house officers and clinicians on the case.

For hospitalized patients subjected to special examinations or procedures, students should submit all clinical pathology requests by 8:00 a.m.. All requests should be filed in completely and approved by a clinician. Radiology and Ultrasound requests must be submitted only through ~~instinct~~.

Nursing Care

The public expects the highest caliber of nursing care from professional veterinary medical students. You will be evaluated on your attention to patient care and comfort, as well as your application of correct techniques and professional skills when treating or handling patients (injections, etc.). To the extent that you are unfamiliar or uncomfortable with a given procedure please ask for faculty assistance or staff.

The following points are essential for your safety and that of our patients:

1. Please do not treat horses alone! For your own safety, please work in pairs.

2. Please do not tie horses for injections or noxious treatments be they parenteral, oral or otherwise. Instead, have a classmate hold the horse for you while you perform the treatment. Do NOT TIE HORSES. Horses may injure themselves if tied and left standing. (Some horses do not tie).

3. Use disinfectants to cleanse the horse's skin and the bottle top prior to administration of medications.

4. Students are not permitted to administer intravenous injections unsupervised (nurses or a DVM must be present). The concerns with IV injections are due to the risks of intracarotid injection. There are several opinions about the safest and easiest ways to give IV jugular injections. Please check with the faculty or house officer who to best approach this (i.e. needle on or needle off). It is up to the discretion of the faculty or house officer regarding if intramuscular injections must be supervised.

5. Do not kick, strike, whip, or excessively restrain horses in the hospital. Instead report them as untreatable to the clinician immediately day or night so that other arrangements for therapy may be made. We recognize that some horses are refractory to certain treatments and we want no harm to come to you or them.

6. Please help us take care of hospital equipment and prolong its longevity by cleaning it after use and properly storing it for the next person. Please do not allow materials to accumulate in the aisles or in the ICU area. Please return equipment checked out from Central Preparation in clean condition promptly after its use. The student or faculty member checking out the equipment is responsible for its return. Please do not loan the equipment to other students. Return it to Central Preparation and have the next student check it out under their name.

7. Please hang up halters and lead ropes on the hooks outside each stall or in the tack room. If an owner leaves any halter, lead rope (or other equipment) please label that and make a note in Instinct.

8. Please do your part in keeping the receiving, conference, record and treatment rooms as clean as possible. It helps maintain efficiency in the work area and conveys the impression that we are professionals who care about the hospital environment. It is particularly important that we clean off all carts and return them to an optimal condition at the completion of each use.

9. Students are encouraged to externally palpate and examine every animal they are associated with during their equine rotation. We encourage responsible participation in each case for its instructional merits.

10. Students are encouraged to question the treatment or work up of every case in the hospital. If the opinion of clinicians and students differs, it should be shared with the attending clinician of record. Such disagreements should be examined for the merits of each approach. However, under no circumstances are the orders of the clinician of record to be changed without their consent!

11. You should be aware and quickly report any deleterious change in your patient's condition to

the clinician or house officer on the case as soon as possible. Please do not hesitate to call a clinician at home or have them paged, if you note a change in a patient's status "after hours". The Small Animal Discharge/Emergency Desk personnel maintain a current list of telephone numbers and beeper numbers for all equine clinicians. If no clinician is available, call the house

officer (intern/resident) on duty and/or the Section Head. Help us to help our patients by remaining vigilant and responsive.

12. Everything (clinical observations, examinations or procedures) that you observe or perform with regard to your case must be recorded in the medical record.

13. The "doctor - client" relationship is a critical relationship built on a trust and confidence which must not be violated. You will be part of discussions regarding the proper care of animals and their athletic or reproductive future. This is confidential information. You must continually respect the doctor-client relationship, even when the client is a personal friend. You must not discuss the diagnostic or therapeutic activities of the medical staff with individuals other than the medical staff or your classmates in an educational setting.

14. When managing in house patients be sure to have medications prepared for evening/after hours personnel. Medications should be properly stored and labeled in the patient box in the cabinet or refrigerator as indicated.

NIGHT DUTY OBLIGATIONS

Emergency Duty: Weeknights 5 PM – 10 PM; Weekends; 8 AM – 4 PM; 4 PM – 10 PM; at this point there are still two students working every emergency shift.

Emergency duty students should be aware of all hospitalized cases. Throughout the evening, the students should continue to make rounds together every 60 minutes to check that the equine patients are stable and well. This includes the careful observation of all patients including the evaluation of isolation patients if they are present.

Emergency students need to round and discuss all the cases with the ICU workers at 10 PM. At the end of the evening shift (10 PM), the students should pass through the barn and fill all water buckets. Please check and assure that all of the sliding free doors at the east end of the service alleys are closed to prevent horses from reaching the feed storage who might gain access to the service corridor. Horses should have hay present in the stall unless designated for feed removal pending testing or surgery. Horses intended for general anesthesia should have their feed removed but not their water.

Emergency students will be on call after 10 PM for any emergencies that may come into the hospital (or FS calls). The weekend emergency students (4-10 PM shift) are on call for that evening. If you do happen to be up the majority of the night, please touch base with your faculty member the following day. We will do everything possible to make sure that you can get home and get some sleep. It should also be recognized that the other students on the rotation will be need to work together and help take care of your patients.

The animal caretakers greatly appreciate your efforts to avoid making a mess when distributing hay to patients at night. A cart is available for transportation of hay to stalls at night. Horses which appear depressed should be TPR'd and their case brought to the attention of the on-duty clinician. When ICU students come on duty at 10 PM, the emergency students should review the events of the evening, the status of all cases under observation and any special amendments or revisions in the care or status of critical cases.

Intensive Care Duty

At the present we have coverage for ICU (10 AM- 8 AM) with nurses, assistants, and paid underclass ICU students.

EMERGENCY DUTY KEY POINTS

Emergency Students Responsibilities

Horses will need to be checked on hourly.

Check on case needs, review evening/night treatments with student peers. We would like emergency students (weekdays) to try to attend medicine and surgery rounds at the end of the day to be aware of critical cases.

Be prepared to assist with emergency accessions to the hospital.

Maintain all patient case care from 5:00 P.M. - 10:00 P.M. Contact the House Officer or Senior Clinician if you have problems or questions about cases.

Depending on case load, it is possible an emergency student (or even students) could be dismissed early on the weekdays. At this point M-F there is an assistant that will be working from 4-12 PM. This assistant will be the one deciding if emergency students need to stay until 10 PM. At this point we do not have any extra staff working on the weekend afternoons/nights. Emergency students on the weekends should expect to be there until 10 PM.

Make rounds through hospital every 60 minutes to ascertain that all horses are well.

Before leaving at 10 P.M:

Review cases with ICU students and technician

Assure that all animals have hay (except those planned for anesthesia)

Assure that all water buckets are filled (except where prohibited)

Assure that free doors at the end of each aisle are closed to keep horses out of grain and hay storage.

Assure that key is not left in outside roller door control box.

EMERGENCY DUTY SCHEDULING

The primary students scheduled each evening are on duty for that particular evening. If you are switching an emergency duty, you must notify the Departmental Office ahead of time (so

that the emergency desk can get in touch with whomever is on emergency. .

Field service students do get asked during busy times to assist with 7 AM treatments during the weekdays and weekends. It is also possible with a busy weekend (and less help) that FS students may be asked to assist with 7 PM treatments in necessary.

Every horse will have a treatment sheet in Instinct. In general BID treatment times are at 7 AM and 7 PM. QID treatment times are in general at 7 AM, 1 PM, 7 PM, and 1 AM. However, there maybe difference in treatment times based on when the horse presented, and in very intense cases requiring critical treatment.

EQUIPMENT & DRESS

All students should report in clean clothing for patient care. Protective, waterproof footwear is required along with the equipment as listed in Appearance and Department in the VMTH Policies. It is inappropriate to wear dirty coveralls in the Equine Clinic. While it is acceptable to have food and other refreshments in the equine area, they should be kept in the records or conference rooms. There is a tendency for the conference room to become cluttered.

Your assistance in controlling this is appreciated. The minimum required equipment to be carried daily includes:

1. Clean pants and scrub tops (purple preferred).
2. Clean Scrubs
3. Hoof Pick
4. Thermometer
5. Hemostat
6. Bandage Scissors
7. Stethoscope
8. Protective Footwear
9. Penlight

Please note that the College of Veterinary Medicine is tobacco free. There should be no smoking or chew tobacco use within the complex. Clients should be advised politely to smoke outside.

SURGERY

Personal Preparation

As often as possible, all surgeries will be arranged at least one day prior to the actual surgery. Therefore, it is important that the students prepare themselves for surgery by reviewing the surgical procedure. Students may be questioned during the procedure as part of their training and graded on your ability to discuss the basics surrounding the specific surgical procedure, the anesthesia and the basic principles of surgery.

Preparation of the Animal

Schedule the anesthesia with the anesthesia nurses and the surgery with the surgery nurses by 3:00 PM the day before surgery. Please identify any special needs or instrumentation required on the request to the surgery techs. Check with the clinician to determine if the animal is to be held off feed the day prior to surgery. If so, advise the animal caretakers and complete the stall instruction card on the stall service door before 4 p.m. of the day before surgery and please check later in the evening to assure that feed is withheld. Check with the clinician about the need to begin preoperative medication, schedule radiographs or bathe the patient prior to surgery.

Students should check with the surgical nurse prior to surgery to assist in preparing the surgery areas. The surgery student should identify other surgery students who will assist the surgery nurse with the surgical prep and room setup.

Aftercare

All students will be expected to participate in the clean up of the surgery room and equipment including mats, lights, tables, floors, and the table well. No student should leave the area until all of the cleaning is completed.

MEDICINE

Medicine students should check with the clinical staff each day to determine their specific assignments. At times it may be necessary for students to take full responsibility during daytime hours for ICU patients in isolation, as well as in the main barn.

FIELD SERVICE

See independent field service protocol

DISPENSARY PROTOCOL

The Dispensary is the central repository for all medications dispensed by clinicians and veterinary students. Medications can only be acquired from the Dispensary through VetStar. Medications will be

put up by the Dispensary staff after the request has been submitted. Typically 10-20 minutes are required, but injectable medications may require several hours (so be prepared and plan ahead). The medication will be dispensed in an appropriate container with appropriate label instructions. For most items and particularly tablets, capsules and pills, it should be possible to secure a reasonable supply (3-7 days) of medication for any patient. The student should guard against acquiring large volumes of parenteral medications because opened bottles of parenteral medication cannot be returned for credit. All opened bottles of injectable medication will be charged to the patient! If patient status is questionable or the patient's owners are concerned about their ability to pursue medical therapy for a protracted period due to fiscal limitations, it is important to obtain medications in lesser volumes or on a dose by dose basis rather than to check out large bottles. Check with supervising clinician regarding the amounts of drugs to be obtained.

OVER-THE-COUNTER-MEDICATIONS

All over-the-counter (O.T.C.) medications will be obtained from the Dispensary as well. In keeping with hospital policy, O.T.C. medications will only be dispensed to individuals who are regular clients of the VHC and whose animals we have professional knowledge of and experience with. Once filled, the medication can be stored at the Large Animal Desk until the client stops by to pay for and pick up their medication..

DISPENSARY ACCESS

On holidays and Sundays, the Dispensary will be closed and house officers on duty will be responsible for acquiring medications from the closed Dispensary on an emergency basis. All requests for prescription medications should be submitted as early as possible in the day to facilitate the filling of orders. Whenever possible, requests for medication for the following day should be submitted to the Dispensary the afternoon before. The pharmacist will be responsible for dispensing controlled substances. After hours, the interns from the appropriate service area of the hospital requiring the controlled medications will be responsible for obtaining controlled substances from the working safe. Please be sure you are appropriately and adequately familiar with the location and use of Pyxis.

SPECIAL EXCEPTIONS

The Large Animal isolation area and the ICU areas will, because of the nature of their work, maintain a small stock of fluids, lidocaine, catheters and selected items. Similarly, the field service trucks constitute special exceptions because the maintenance of working pharmacies in each truck is a critical requirement for effective practice. Drugs from the ICUs, isolation areas and the field service trucks must not be taken to treat hospitalized cases! When returning after hours or on weekends, if the trucks must be immediately restocked, the intern on duty for field service should assist the restocking by opening the Dispensary and supervising the restocking procedure.

Emergency drug supplies are located in critical areas around the hospital. Please refrain from taking medication from the limited emergency supplies around the hospital for the treatment of an elective patient to avoid going the Dispensary.

This protocol is designed in this fashion to give us the opportunity to charge fairly and accurately for our medications while improving our inventory management and stock rotation to reduce wastage associated with expiration dates.

CLEANING

Responsibility rests with all students to assist the staff in the cleaning of our hospital. It is important that materials be kept stored, counters cleaned and a professional atmosphere maintained which conveys the appearance that we are a professional and highly organized facility.

Please pay attention to the following:

1. Manure in the exam rooms, hallways, and alleys should be picked up immediately and placed in the large gray trash bins marked for Fecal Material. Do not use the gray trash bins for cleaning out a stall (they become too heavy to lift when filled to the brim with manure). If you need to clean a stall, use a dumpster. Separate Bins are marked for "Trash Only."
2. Avoid tracking bedding out of stalls when walking horses; you should move the bedding back from the doorway and pick the feet prior to removing a horse from the stall.
3. Disposal of sharp items is achieved by depositing all materials into specially marked containers on each counter.
4. Please clean all counters in the equine area. Areas which typically become cluttered include the receiving area, the treatment room, the records room, the equine conference room and the isolation area.
5. These areas must remain clean and orderly on holidays and weekends as well. By working together, we can share this important burden. We appreciate your assistance in keeping the equine area clean.

ROUNDS

Rounds will be conducted M- F mornings at approximately 8:00 a.m. as a group discussion. Rounds will be utilized to review special topics appropriate for the general practice student. Students may be asked to present their cases at rounds, and should be prepared to discuss their case for the class. Case rounds for each service will be held at a time selected by the Senior Clinician. It is very important that you participate in rounds discussions. If you fail to do so, it will be impossible for the faculty to evaluate your competence.

GRADING

Students earn grades by their performance or failure to perform. Equine faculty will assign grades for student performance after each sub-rotation and at the end of the block. Grades will be developed from your participation in medicine, surgery, and field service/theriogenology activities. A final grade

will be submitted to the CS Department Office and used for determining your academic status in equine courses. You will be graded on the basis of your knowledge, participation in clinical care and rounds, attitude, effort, decorum, nursing care, clinical skills, and medical records. When a student is performing at less than an adequate level, they will be so advised as soon as reasonably possible, so that they may have the opportunity to correct their performance.

In determining the grade which you will earn as a student, we consider:

1. Your mastery of basic equine knowledge relative to entry to equine practice
2. Clinical skills (restraint, physical examination, nursing care)
3. Demonstrated ability to work collegially with peers and staff
4. Demonstrated ability to follow instructions and the equine protocol
5. Intellectual participation: rounds, discussions, film reading, etc.
6. Evidence of improvement

On rare occasions, poor judgment is exercised which can earn an individual a non-passing grade. These situations are unfortunate but they have occurred in the past. Experience suggests that these situations can best be avoided by following the protocol and asking for clarification of instructions or protocols whenever confusion exists. We are here to facilitate your growth and development as veterinarians. Examples of acutely poor judgment include but are not limited to the following:

1. Failure to be present for duty or show up on time (daytime or emergency shifts)
2. Unauthorized changes in medical treatment
3. Failure to execute the medical orders
4. Failure to treat one's patients
5. Unauthorized discharge or euthanasia of a patient.

The final block grade is composed of Field Service and Medicine or Field Service and Surgery. If a student receives a grade of "D" in any portion of the rotation, written notification and discussion with the senior clinician will take place.

There is a block exam that is given the last week of the rotation (Wednesday). The examination will be not be part of your grade, but you must make a 70% to pass the rotation. Students that fail the exam, will be given another opportunity to retake the exam (Friday AM).

The entire equine staff looks forward to working with you in the clinic as you develop your veterinary skills and knowledge. Please do not hesitate to ask for help at any time. We are confident that you can enjoy the equine clinical experience.

DAILY CHECK SHEET FOR THE EQUINE STUDENT

Students are responsible for treatment/physical examinations from 7 AM – 5 PM on the weekdays. Physical examinations should be completed between 7-8 AM and again at 5 PM and recorded in Instinct). In general the staff (nurses and assistants) will be covering treatments while morning rounds are occurring. You can ask staff for help with treatments during the day, but you must communicate that you do. You are encouraged to have time to see all cases and learn. After 5 PM treatments will be done by the emergency students and ICU staff. However, it is the student's responsibility to make sure medications are drawn up, labeled and appropriately stored (in patient boxes or refrigerator). During the weekends students are expected to complete physical examination (and treatments) from 7-8 AM. The emergency students can administer further treatments during the weekend days and nights, but again, medications must be drawn up, labeled and ready to go. The students are expected to return in the evenings that weekend and complete a physical exam (and update instinct), make sure medications are ready for that evening between 4-5 PM that evening. Students should be aware that we do have extra staff at this time during the weekdays from 4-12 PM. However, during the weekends (Sat, Sun) there are only 2 emergency students on. There could be some weekend day nights the emergency students need help. We encourage students to work together, think of their fellow classmates during the busy season, and provide extra help when necessary.

1. By 8:00 am: Cases evaluated, treatments completed, S.O. and P.'s will be entered into medical record. Acute deterioration in the condition of any patient should be noted in the record and reported verbally to the clinician as soon as possible. Complete and submit all requests/APR's for laboratory and imaging studies. Label all specimens.

2. By 8:00 A.M. Rounds in the equine conference room.
3. 9:00 A.M. Cases go to surgery or advanced diagnostics, daily receiving commences.
4. Cases checking in and evaluated, radiographed, scoped, or prepared for surgery. On surgery days, students accompany cases to surgery as per the day's schedule. Rotate to lunch in small groups as able.
5. Throughout day, cases are treated, walked, managed as outlined in the medical orders. Wraps and catheters are changed with clinicians.
6. 3:00 P.M. Assure that forms for radiology and anesthesia on in-house patients are submitted by 3:00 P.M. Assess medical needs of your patients and obtain additional drugs from pharmacy.
7. 4 PM or before (weekdays): Late day rounds will try to be conducted between 4-5 PM depending on day and service. Be prepared to present your case succinctly and accurately. Have a plan for how you would like to proceed.
8. 5 P.M. or after rounds completed. Finish treatment and patient care including grooming and feet. Complete forms for the next day. Complete medical record for day and complete b.i.d. TPR's. Complete the Assessments for the daily SOAPs by 9:00 P.M (the goal is sooner than that). Organize evening treatments with the students on emergency duty
9. Prior to going home, assist fellow classmates with their patient care. Evaluate receiving areas, barn aisles, ICU, working pharmacy, red room, records room and conference room taking time to clean up and put away equipment.

Additional Information:

1. Students are responsible for making requests for ultrasound and radiographs on VetStar. This is very important, and it helps us keep track of uploading the images. We will go over how to do this during the first week of the rotation.
2. Wearing Gloves: Equine Medicine frequently receives sick horses. It is not uncommon to be dealing with infectious and even zoonotic diseases! Therefore when working on equine medicine rotation please wear exam gloves for all of your cases.
3. Regumate/Alternogest: It can be common practice for horse owners of mares to give a progesterone product to mares (there are many reasons). A thorough history should hopefully identify these horses, however owners can forget or not provide complete information. This product does have some human health hazards (especially for females). If there is a horse being administered Regumate, we do have specialized gloves to be worn when administering this product. Please keep in mind that there are adverse consequences of handling of many medications. If you have any concerns about your health with these products we would like you to take the initiative and wear gloves.
4. Weekends: When you are on equine medicine or surgery, you should plan on being present for rounds (8 AM) Saturday and Sunday morning, and doing 7 AM treatments/physical exams and a physical examination between 4-5 PM. We will typically like all the students on the medicine or surgery rotation to be present during morning rounds on the weekends. However, this maybe decided day by day by the senior faculty. If you are on field service, you may be asked to help your fellow students for the morning treatments or even on a busy weekend 7 PM treatment.. If you have to be gone for a weekend (and excused absences would include examples of starting the emergency shift on Sunday evening last day of the rotation or in some cases getting to an externship). However, you must let your clinician know ahead of time so we can adequately prepare. Weddings, vacations, or other reasons for being gone on a weekend are not necessarily automatically excused! You must check with clinician the rotation at that time. It will be up to the clinician if your request can be accommodated!
5. Cases that are received on emergency on a weekend will be transferred to the appropriate service the following day. It is possible to have very few cases on a Friday day, and then have cases transferred to that service. There are times when there are no hospitalized cases, and we may tell students that they don't have to come in that weekend. However, students must be available to come in if cases are to be transferred to the appropriate service the next day.