

**HOSPITAL PROTOCOL
FOR VETERINARY STUDENTS**

2011 - 2012

**KANSAS STATE UNIVERSITY
VETERINARY MEDICAL TEACHING HOSPITAL
(KSU-VMTH)**

Welcome to the KSU-VMTH Health Care Team!!

This Hospital Protocol is your guide for participation as a member of the KSU-VMTH Veterinary Health Care Team. The protocol was established to assure the very best health care possible for our patients, to provide good service to our clientele, and to promote an environment for teaching and learning clinical veterinary medicine. You are urged to make your experience here productive. The clinical faculty will assign clinical responsibility to students willing to meet the high standards of veterinary care required in the KSU-VMTH. Your level of participation will be, to a large measure, determined by your progress in learning clinical veterinary medicine. If you are having difficulty, you are urged to consult with a member of the faculty, the Section Head, and/or the KSU-VMTH Director.

VMTH Tutorials: You are required to review the following tutorials at the websites listed below prior to your arrival in clinics.

1. VetStar <http://www.vet.k-state.edu/depts/vmth/vetstar/2008/>
2. Agfa PACS (Digital Radiography) on line training below: an email with a shortcut attachment to access online training will be sent to you
3. Pyxis <http://www.vet.k-state.edu/depts/VMTH/pyxis/>

STUDENT ROSTER – CLASS OF 2012

Get from Donna

2011-2012 ROTATION SCHEDULE

SUMMER term begins

May 10 – June 20, 2010

6 Weeks Total

1	A	May 10 – May 23, 2010	2 weeks
	B*	May 24 – June 6, 2010	2 weeks
	C	June 7 – June 20, 2010	2 weeks
	D	May 10 – May 31, 2010	3 weeks
	E*	June 1 – June 20, 2010	3 weeks

June 21 – August 1, 2010

6 Weeks Total

2	A	June 21 – July 5, 2010	2 weeks
	B*	July 6 – July 18, 2010	2 weeks
	C	July 19 – August 1, 2010	2 weeks
	D*	June 21 – July 11, 2010	3 weeks
	E	July 12 – August 1, 2010	3 weeks

FALL term begins

August 2 – September 12, 2010

6 Weeks Total

3	A	August 2 – August 15, 2010	2 weeks
	B	August 16 – August 29, 2010	2 weeks
	C*	August 30 – September 12, 2010	2 weeks
	D	August 2 – August 22, 2010	3 weeks
	E*	August 23 – September 12, 2010	3 weeks

September 13 – October 24, 2010

6 Weeks Total

4	A	September 13 – September 26, 2010	2 weeks
	B	September 27 – October 10, 2010	2 weeks
	C	October 11 – October 24, 2010	2 weeks
	D	September 13 – October 3, 2010	3 weeks
	E	October 4 – October 24, 2010	3 weeks

October 25 – December 5, 2010

6 Weeks Total

5	A	October 25 – November 7, 2010	2 weeks
	B	November 8 – November 21, 2010	2 weeks
	C*	November 22 – December 5, 2010	2 weeks
	D	October 25 – November 14, 2010	3 weeks
	E*	November 15 – December 5, 2010	3 weeks

SPRING term begins

December 6 – January 17, 2011			6 Weeks Total
6	A	December 6 – December 19, 2010	2 weeks
	B*	December 20 – January 2, 2011	2 weeks
	C	January 3 – January 17, 2011	2 weeks
	D*	December 6 – December 26, 2010	3 weeks
	E*	December 27 - January 17, 2011	3 weeks
January 18 – February 27, 2011			6 Weeks Total
7	A*	January 18 – January 30, 2011	2 weeks
	B	January 31 – February 13, 2011	2 weeks
	C	February 14 – February 27, 2011	2 weeks
	D*	January 18 – February 6, 2011	3 weeks
	E	February 7 – February 27, 2011	3 weeks
February 28 – April 10, 2011			6 Weeks Total
8	A	February 28– March 13, 2011	2 weeks
	B	March 14 – March 27, 2011	2 weeks
	C	March 28 – April 10, 2011	2 weeks
	D	February 28 – March 20, 2011	3 weeks
	E	March 21 – April 10, 2011	3 weeks
April 11 – May 9, 2011			4 Weeks Total
9	A	April 11 – April 24, 2011	2 weeks
	B	April 25 – May 9, 2011	2 weeks
	F	April 11 – May 9, 2011	4 weeks (3 credit rotation but will have two days off during the rotation)

Equine & Ag are taken in consecutive 2-week rotations (1A&1B, 1C&2A, 2B&2C, 3A&3B, 3C&4A, etc.)

Surgery, Medicine, Pet Health, Anesth, DM, and Radiology are taken in 3-week rotations (1D, 1E, 2D, 2E, 3D, 3E, etc.)

Ophtho (2 credits) and most electives are offered at all times in 2-week rotations (1A, 1B, 1C, 2A, 2B, 2C, etc.)

9F is 4 weeks so students in 3 credit rotations will have two days off during the rotation.

*Personal leave will not be approved for more than one day during a 2-week rotation or more than 2 days during a 3-week rotation without making up missed work days at a later time. Personal leave will not be approved during 2-week rotations that include official holidays without making up missed work days. Personal leave will not be approved for 3-week rotations in which the total absence (official holiday(s) and personal leave) exceeds 2 days without making up missed work days at a later time. Grades will not be reported until make-up days are completed. In some instances, an Incomplete may appear on a semester transcript.

Commencement: May 13, 2011

INTRODUCTION

1. ORGANIZATION OF HOSPITAL

Hospital Board. The KSU-VMTH operating protocols are established by the Veterinary Medical Teaching Hospital Board. This Board is chaired by the Hospital Director, with Section Heads serving as members. The Hospital Board is responsible for the implementation of policies and the operations of individual sections. The Department Head is responsible for the senior curriculum. Members of the Hospital Board are:

Dr. Roger Fingland, Hospital Director
Dr. Shirley Arck, Hospital Administrator
Dr. David Anderson, Section Head, Agricultural Practices
Dr. David Biller, Section Head, Radiology
Dr. Elizabeth Davis, Section Head, Equine
Dr. Ken Harkin, Section Head, Small Animal Medicine
Dr. Rose McMurphy, Section Head, Anesthesiology
Dr. James Roush, Section Head, Small Animal Surgery

The Section Heads are the course coordinators for the core clinical courses (rotations) and are responsible for implementation of hospital policies and for the day-to-day operation of clinical practices.

Staff. A vital part of our KSU-VMTH team is the staff. They are highly skilled persons who are essential to the smooth, effective operation of the VMTH. You are urged to become acquainted with the staff in each area of the Hospital.

Anderson, Christian	last updated 1/13/10	Large Animal Desk
Arck, Shirley		Hospital Administrator
Balser, Erica		Anesthesiology Veterinary Technician
Berg, Joanna		Central Preparations Supervisor
Berggren, Ruth		Medical Records
Brakey, Joy		Medical Coder
Bryant, Cindy		Dispensary Technician
Bryant, Lisa		Small Animal ICU Veterinary Technician (Night)
Caffrey, Dennis		Small Animal – Animal Care Technician
Carlgren, Katherine		Director's Office – Assistant to the Director
Clauson, Loryn		Human Resources Assistant
Crawford, Raunnie		Small Animal Surgery Veterinary Technician
Davidson, Carrie Jo		ICU Veterinary Technician
DeDonder, Eugene		Pharmacist
Dieker, Adam		Business Office
Dreher, Robyn		Human Resources Director
Engel, Ryan		Medical Technologist – Radiology
Fleeker, Jennifer		Discharge/Emergency Desk
Free, Jennifer		Equine Veterinary Technician
Fritz, Audrey		Administrative Support
Galligan, Beth		Pet Health Center Veterinary Technician
Graham, Andrea		Ag Practice Veterinary Technician
Harkrader, Kandice		Small Animal Veterinary Technician

Hawkins, Nancy
Hazelbaker, Susan
Herrman, Allison
Hess, Diane
Howse, Nancy
Hughes, Justyne
Jensen, Gina
Juracek, Amy
Juracek, Randy
Klenda, Leann
Liu, Su
Lovett, Bertie
Lundblade, Robert
Miller, Kristin
Millsap, Kelli
Moya, Mike
Nietfeld, Joyce
Oliver, Taryn
Owensby, James
Panzer, Jen
Quinones, Yartixa
Reves, Lesa
Reves, Rob
Robbins, Donna
Roblyer, Marsha
Rohs, Linda
Rykhus, Nicole
Schroeder, Kealan
Scott, Mark
Self, Barbara
Selvy, Tinisha
Sharp, Sherry
Shike, Kathy
Sommers, Lainen
Steffey, Cody
Strick, Mindy
Vanderlinde, Justina
Wagoner, Paul
Watt, Angie
Wright, Rachel
Zeliff, Jennifer
Zimmer, Christy

VetStar/PACS Support
Central Prep – Health Care Technician
Business Office
Director’s Office – Sr. Administrative Asst.
Small Animal Desk
Small Animal ICU Veterinary Technician
Equine Veterinary Technician
ICU Veterinary Technician
Radiation Therapy Veterinary Technician
Agricultural Practices Veterinary Technician
Business Office
Medical Records Auditor
Large Animal – Animal Care Technician
Small Animal Admissions–Sr. Administrative Asst.
Oncology Veterinary Technician
Discharge/Emergency Desk
Dispensary
Small Animal ICU Veterinary Technician
Receiving Supervisor
Equine Veterinary Technician
Ophthalmology Veterinary Technician
Large Animal – Animal Care Technician
Small Animal – Animal Care Technician
Director of Client Services
Referral Coordinator
Business Office
Nighttime Equine ICU Technician
Animal Care Technician
Large Animal – Animal Care Technician
Discharge/Emergency Desk
Radiology Technician
Small Animal Medicine Veterinary Technician
Small Animal Surgery Veterinary Technician
Small Animal Surgery Veterinary Technician
Medical Technologist – Radiology
Anesthesiology/JSL Veterinary Technician
Large Animal Desk
Large Animal – Animal Care Supervisor
Junior Surgery/Exotics Veterinary Technician
Pet Health Center Veterinary Technician
Small Animal Admissions-Sr. Administrative Asst.
Cardiology Veterinary Technician

2. **ORGANIZATION OF THE DEPARTMENT OF CLINICAL SCIENCES**

The Department of Clinical Sciences protocols are established by the Department faculty in coordination with the Dean of the College of Veterinary Medicine. These protocols include Curriculum, Academic Policy, Grades, Student Absences, Emergency/ICU Duties and Student Leave. You are urged to become acquainted with the staff in the Department Office. They will be able to assist you with student affairs.

Dr. Bonnie Rush, Department Head
Staci Murray, Assistant to the Department Head
Amy Geyer, Department Office Support
Nelwyn Cook, Department Office Support
Amy Brusk, Grants Specialist

3. **DEPARTMENT OF CLINICAL SCIENCES/VMTH TEACHING FACULTY – last updated 1/18/11**

Akers, Jennifer, DVM, MPH, Assistant Professor (Clinical)
Allbaugh, Rachel, DVM, MS, ACVO, Assistant Professor
Anderson, David, DVM, MS, DACVS Professor
Apley, Michael, DVM, PhD, ACVCP Professor
Armbrust, Laura, DVM, ACVR Associate Professor
Artzer, Marjory, DVM, Assistant Professor (Clinical)
Bagladi-Swanson, Mary, DVM, ACVD Assistant Professor (Clinical)
Beard, Laurie, DVM, MS, ACVIM Associate Professor (Clinical)
Beard, Warren, DVM, MS, ACVS Professor
Bergamasco, Luciana, DVM, PhD Assistant Professor
Biller, David, DVM, ACVR Professor
Blevins, Chris, DVM, MS Assistant Professor (Clinical)
Blevins, Lindsey, DVM, Assistant Professor (Clinical)
Bras, Jose, DVM, MS, Assistant Professor (Term)
Borgarelli, Michele, DVM, PhD, ECVIM (Cardio) Associate Professor
Carpenter, James, DVM, MS, ACZM Professor
Coetzee, Johann, BVSc, Cert CHP, PhD, MRCVS, ACVCP Associate Professor
Davis, Elizabeth, DVM, PhD, ACVIM Associate Professor
Ferrer, Maria, Vet, MS, ACT Assistant Professor (Clinical)
Gehring, Ronette, BVSc, MMedVet (Pharm), MRCVS, ACVCP Assistant Professor
Grauer, Greg, DVM, MS, ACVIM (IM) Professor (Jarvis Chair)
Harkin, Kenneth, DVM, ACVIM (IM) Professor
Higginbotham, Mary Lynn, DVM, MS, ACVIM (Onco) Assistant Professor
Hodgson, David, DVM, ACVA Professor
Jones, Meredyth, DVM, MS, ACVIM Assistant Professor (Clinical)
Klocke, Emily, DVM, ACVS Assistant Professor (Clinical)
Klocke, Nathan, DVM, MS, ACVS Assistant Professor (Clinical)
KuKanich, Kate, DVM, PhD, ACVIM (IM) Assistant Professor
Laflin, Shelie, DVM, ABVP (Food Animal) Assistant Professor (Clinical)
Larson, Robert, DVM, PhD, ACT, ACAN, ACVPM (Epidemiology), ACAN, AAVN Professor (Coleman Chair)
Lillich, James, DVM, MS, ACVS Associate Professor
Mason, Diane, DVM, MS, PhD, ACVA Associate Professor (Clinical)
McCaw, Dudley, DVM, ACVIM (IM and Onco) Professor
McMurphy, Rose, DVM, ACVA, ACVECC Professor
Miesner, Matt, DVM, MS, ACVIM Assistant Professor (Clinical)
Nelson, Susan, DVM, Assistant Professor (Clinical)
Rankin, Amy, DVM, MS, ACVO, Assistant Professor
Rankin, David, DVM, MS, ACVA Assistant Professor (Clinical)
Renberg, Walter, DVM, MS, ACVS Associate Professor, Director of International Programs
Roush, James, DVM, MS, ACVS Professor (Doughman Chair)
Schermerhorn, Thomas, VMD, ACVIM (IM) Associate Professor
Thomson, Daniel, DVM, MS, PhD, (Food Animal) Associate Professor
Towle, Heather, DVM, MS, ACVS Assistant Professor (Clinical)
White, Brad, MS, DVM, Associate Professor

VETERINARY MEDICAL TEACHING HOSPITAL POLICIES

The KSU Veterinary Medical Teaching Hospital (VMTH) is an integral part of the College of Veterinary Medicine, and as such, it has three major missions: a) provide a clinical teaching facility for veterinary students and house officers (interns and residents), b) provide a facility for high-quality veterinary care for patients brought directly to the VMTH by our clients, or for those referred by practicing veterinarians, and c) provide a facility for clinical veterinary research. As a veterinary student with assignment in the VMTH, you will have an opportunity to learn from activities associated with each of these missions.

Quality patient care is a high priority of the VMTH staff. The activities necessary for consistent, quality patient care in the VMTH are not limited by the academic calendar, but continue throughout the year. During your assignment in the VMTH, you will be a part of the health care team, and will be expected to share in our responsibility to provide high quality and consistent patient care throughout the year.

Senior clinicians with assignment in the VMTH are members of the faculty of the College of Veterinary Medicine. **They are ultimately responsible for all patient care in the VMTH.** They are also responsible for clinical instruction to assist you in your mastery of clinical veterinary medicine.

You will be evaluated and graded on your ability to be responsible for assignments given to you in the VMTH, as well as your knowledge and technical skills.

The VMTH is divided into several core rotations: 1) Anesthesiology, 2) Clinical Orthopedic Surgery, 3) Clinical Soft Tissue Surgery, 4) Diagnostic Medicine, 5) Equine Medicine OR 6) Equine Surgery AND 7) Equine Field Service, 8) Food Animal Local Practice, 9) Food Animal Medicine & Surgery, 10) Small Animal General Medicine, 11) Small Animal Internal Medicine, 12) Veterinary Diagnostic Imaging I (Radiology), and 13) Ophthalmology. Because of the differences in the nature of the practice in each of these rotations, there are some differences in procedures and expectations from rotation to rotation. It will be your responsibility to learn the requirements for each rotation and to adhere to the procedures outlined.

Part of our professional responsibility to clients is to be courteous, friendly and show genuine concern for the health and well-being of their animal(s). As a member of the VMTH health care team, you will share in the interaction with clients. This is an opportunity for you to develop your veterinarian-client communication skills. It is in everyone's best interest to serve our public in a prompt, competent and friendly manner.

*We intend to provide an opportunity for a consistently **high quality** clinical education for you. For us to achieve this goal, our health delivery systems must focus on **quality care** for all VMTH patients and **quality service** for our clients.*

1. ACCOMPANYING ANIMALS

Often a healthy mare, cow, llama, alpaca, dog or cat is presented to the VMTH with a sick accompanying foal, calf, cria, puppy or kitten or vice versa. In these cases, a record will be set up on both animals. A Record Fee (VetStar code E1023) and Daily Care Accompanying (VetStar Code H1057) will be entered on the accompanying healthy animal. An exam or recheck fee plus other appropriate charges will be entered on the sick patient.

2. AFTER HOURS EMERGENCY CALL-IN PROTOCOL

In the case of an emergency after hours call-in, the Small Animal or Large Animal intern is the first person called by the Small Animal Discharge/Emergency Desk personnel. Due to so many variables (notifications, services, and case types) it is not possible for Small Animal Discharge/Emergency Desk personnel to know which clinicians, veterinary technicians or students should be called in for emergencies. In order to assure all needed personnel are called in a timely manner, a uniform VMTH protocol has been established which includes the following responsibilities.

- A. The intern/resident/clinician must call all needed clinicians, including residents with the exception of the Equine Section (see paragraph 3 below).
- B. The on-duty intern/resident/clinician should contact the Small Animal Discharge/Emergency Desk personnel and indicate which emergency students and veterinary technicians should be called. The Small Animal Discharge/Emergency Desk personnel will refer to existing emergency schedules and contact the persons on call.
- C. When the Small Animal Discharge/Emergency Desk personnel are aware of an equine emergency that will be arriving after hours, they must page the Equine Emergency Clinician. If the Equine Emergency Clinician is not on duty, they must page the primary intern/resident/clinician on duty and the equine night time veterinary technician, if one is assigned this duty. The intern/resident/clinician on duty may ask the Small Animal Discharge/Emergency Desk personnel to call specific equine clinician(s). The purpose of the call will be to inform the clinician(s) of the arrival or impending arrival of an emergency case.
- D. When a radiologist is called and desires their resident to come in, it is the radiologists' responsibility to call the radiology resident, or request the on-duty intern/resident/clinician call the radiology resident. Small Animal Discharge/Emergency Desk personnel will also respond to a request from any senior clinician to call in students and/or veterinary technicians. All requests received by the Small Animal Discharge/Emergency Desk personnel will be documented.

3. ALPACA TEASER CARE PROCEDURE

When a female from the Department of Clinical Sciences Alpaca Herd is used as a teaser for a Breeding Soundness Exam (BSE) of a client-owned alpaca, the following protocol will apply.

- A. The Large Animal Desk personnel will register and create a medical record for both the client animal and the KSU herd animal. The Department of Clinical Sciences Alpaca Herd VetStar account number is 139835 - Foundation K-19450 Alpaca.
- B. The client animal will be charged for:

- I. Breeding Soundness Exam (Z1082 or Z1083)
- II. Alpaca Teaser Care (Z1783)
- C. The Department of Clinical Sciences Alpaca Herd animal will be charged for:
 - I. Record Fee on date of visit (E1023)
 - II. Follow up medications approximately 5 days after the visit. Large Animal Desk or Dispensary personnel will reopen the visit to allow the clinician to order the medications.
- D. The VMTH Business Office will write off the Department of Clinical Sciences Alpaca Herd animal charges in paragraph C above to "WU Alpaca Herd VMTH Expense".

4. ANESTHESIA

Senior clinicians shall be ultimately responsible for the administration of anesthetic and sedative drugs to a patient. Prior to a student administering these drugs a senior clinician, resident, intern or anesthesia veterinary technician must be present.

5. ANIMAL DONATIONS - ANIMAL ADOPTIONS

Occasionally, animals are donated to the VMTH. All donated animals must be registered, have a medical record and be accompanied by a donation agreement and Gift In Kind form signed by the donor (animal owner), Section Head and approved in advance by the Hospital Director.

Donated animals cannot be given to, adopted by, or sold to any other party without the advanced approval of the Hospital Director. The general policy is that donated animals will not be transferred to a new owner.

6. APPEARANCE AND DEPORTMENT

Personal conduct will be professional, ethical, and above reproach. (See Principles of Veterinary Medical Ethics Opinions and Reports of the Judicial Council [1986 Revision] AVMA 87 Directory, Pg. 450-454). Professional conduct, dedication to patient care and client service, and ethical behavior are viewed as part of each house officer and student training as a veterinarian.

House officers or students who use profane language, are inconsiderate in their actions or in any other way cause disruption of the Hospital's mission will be asked to leave the service.

Cases are not to be discussed with clients except when a senior veterinary student is assigned to conduct the initial examination on a patient or when specifically approved by the senior clinician. Refer ALL medical questions of professional nature to the clinician of record.

Each house officer is part of the health delivery team of the VMTH and as such has a professional commitment to the VMTH service. House officers are not to obligate themselves to other practices during their assigned time on the VMTH health delivery team.

Student, staff, faculty and house officers will refrain from wearing items of clothing (including jackets) that are proprietary or that promote a university or veterinary college other than Kansas State University. Hats and caps will not be worn in the VMTH.

House officers and students are expected to have a professional appearance at all times. Lab coats and uniforms must be clean and neat.

The following uniforms are required:

- A. Small Animal, Dispensary, Radiology, Clinical Laboratory:
 - I. White jacket with proper identification.
 - II. Dress shirt with tie or dress blouse.
 - III. Dress footwear (sandals or other open-toed shoes are not permissible).
 - IV. Dress slacks, appropriate length dress or skirt
- B. Large Animal Hospital, Field Service, Necropsy:
 - I. In-Hospital attire is pants (khaki or colored denim pants - not blue jeans) and shirt with VMTH **Logo** (forest green, navy blue, cranberry, purple, or grey).
 - II. Field Service & Necropsy: Clean coveralls with student identification and/or name tag as well as clean and protective/washable footwear.
 - III. Surgery: Clean scrub suit.
 - IV. Baseball caps, and sandals or other open-toed shoes are not permissible.
- C. Small Animal Surgery:
 - I. Clean scrub suit to be worn in surgery areas.
 - II. Surgery shoes, to be worn only in the surgery area.
 - III. White jackets.

NOTE: Surgery scrubs and shoes should not be worn outside the hospital building.

7. APPROVED ABBREVIATIONS

The purpose of this protocol is:

- A. To provide a reference for abbreviations as used in documentation by the medical staff or other KSU Veterinary Medical Teaching Hospital staff.
- B. To maintain a uniform method of documentation in the medical record.
- C. To provide a method of reference for clear interpretation of abbreviations as used in the medical record.

The list of approved abbreviations to be used in the medical record will be kept on file in the Director of Client Services office. Only abbreviations on the list will be allowed to be used in the medical record. Abbreviations should be used consistently. Imaginative abbreviations which mean something to only a few individuals have no place in the medical record. Abbreviations are utilized to save time and space; however, if there is any questions, the word should be written out in its entirety.

The approved abbreviations are as follows:

<u>Abbreviation</u>	<u>Description</u>		
A fib	atrial fibrillation	CHEM	chemistry panel
ACL	cranial cruciate ligament	CHF	congestive heart failure
ACT	activated clotting time	CMO	craniomandibular osteopathy
ACTH	stim adrenocorticotrophic hormone stimulation test	CNS	central nervous system
AD	right ear	COL	collateral ligament
AE	anterior enteritis	COPD	chronic obstructive pulmonary disease
AI	artificial insemination	CPR	cardiopulmonary resuscitation
APC	atrial premature contraction	CR	complete remission
ARDS	adult respiratory distress syndrome	CRF	chronic renal failure
ARF	acute renal failure	CSA	chondrosarcoma
AS	left ear	CSF	cerebrospinal fluid
AS	aortic stenosis	CSF	cerebral spinal fluid
ASD	atrial septal defect	CSM	cervical stenotic myelopathy
AU	both ears	CT	collapsing trachea
AV	abomasal volvulus	CT	scan computed tomography scan
AV	block atrioventricular block	CVI	cervical vertebral instability
BA	bile acids	CVP	central venous pressure
BAEP	brainstem auditory evoked potentials	DCM	dilated cardiomyopathy dilatative cardiomyopathy
BAER	brainstem auditory evoked response	DDF	deep digital flexor tendon
BAL	bronchoalveolar lavage	DDL	dorsal decompressive laminectomy
BAR	bright, alert, responsive	DIC	disseminated intravascular coagulation
BCS	body condition score	DJD	degenerative joint disease
BDLD	big dog/little dog fight	DM	diabetes mellitus
BID	twice a day	DX	diagnosis
BLV	bovine leukemia virus	Dz	disease
BM	bone marrow	E-tube	esophagostomy tube
BP	blood pressure	ECG	electrocardiogram
BRSV	bovine respiratory syncytial virus	EDM	equine degenerative myelopathy
BSE	breeding soundness examination	EHBDO	extrahepatic bile duct obstruction
BVD	bovine viral diarrhea	EHV	equine herpes virus
Bx	biopsy	EIA	equine infectious anemia
C/S	culture and sensitivity	EMD	electromechanical dissociation
C/S	culture/susceptibility	EMG	electromyogram
CA	carcinoma	EPI	exocrine pancreatic insufficiency
CAH	chronic active hepatitis	EPM	equine protozoal myelitis
CBC	complete blood count	ESF	external skeletal fixation
CCL	cranial cruciate ligament	ET	embryo transfer
CCLR	cranial cruciate ligament rupture	EVA	equine viral arteritis
		FABC	feline asthma bronchitis complex, feline asthma
		FAD	flea allergy dermatitis
		FB	foreign body
		FCP	fragmented coronoid process
CERF	canine eye registry foundation	FCRD	feline chronic retinal degeneration

FHNE	femoral head and neck excision	KBr	potassium bromide
FHO	femoral head and neck excision ostectomy	KCS	keratoconjunctivitis sicca
FIP	feline infectious peritonitis	L	left
FLUTD	feline lower urinary tract disease	LarPar	laryngeal paralysis
FMD	foot and mouth disease	LCL	lateral collateral ligament
FPT	failure of passive transfer	LDA	left displaced abomasum
FSA	fibrosarcoma	LDDST	low dose dexamethasone suppression test
FUO	fever of unknown origin	LL	lung lobe
FX	fracture	LN	lymph node
GD	gastric dilatation	LPE	lymphoplasmacytic enteritis
GDV	gastric dilatation volvulus	LPL	lateral patellar luxation
GME	granulomatous meningoencephalitis	LPS	lymphocytic-plasma stomatitis
GN	glomerulonephritis	LS	lumbosacral
HAC	hyperadrenocorticism	LSA	lymphosarcoma lymphoma
HAS	hemangiosarcoma	LUX	luxation
HCM	hypertrophic cardiomyopathy	MBD	metabolic bone disease
HCT	hematocrit	MCF	malignant catarrhal fever
HD	hip dysplasia	MCL	medial collateral ligament
HDDST	high dose dexamethasone suppression test	MCT	mast cell tumor
HE	hepatic encephalopathy	Mets	metastases
HEMILAM	hemilaminectomy	MF	mycosis fungoides
HISTOPATH	histopathology	MG	myasthenia gravis
HL	hepatic lipidosis	MGT	mammary gland tumor
HL	hemilaminectomy	MI	mitral insufficiency
HM	heart murmur	MM	multiple myeloma
HO	hypertrophic osteopathy	MPL	medial patellar luxation
HOCM	hypertrophic cardiomyopathy	MR	mitral regurgitation
HOD	hypertrophic osteodystrophy	MRI	magnetic resonance imaging
HPCA	hemangiopericytoma	MTC	metacarpal
HSA	hemangiosarcoma	MTT	metatarsal
HUM	humerus	NED	no evidence of disease
HWD	heartworm disease	NPO	nothing per os, nothing by mouth
Hx	historical history	NSF	no significant finding
HYC	hyperthyroidism	OA	osteoarthritis
IBD	inflammatory bowel disease	OC	osteochondrosis
IBR	infectious bovine rhinotracheitis	OCD	osteochondritis dissecans
ICU	intensive care unit	OD	right eye
IgG	immunoglobulin G	OFA	Orthopedic Foundation for Animals
IM	intramuscular	OHW	occult heartworm
IM PIN	intramedullary pin	OR	out of remission
IMHA	immune mediated hemolytic anemia	ORIF	open reduction internal fixation
IOL	intraocular lens	OS	left eye
IOP	intraocular pressure	OSA	osteosarcoma
IPV	infectious pustular vulvovaginitis	OTW	oro-tracheal wash
ITP/IMTP	immune mediated thrombocytopenia	OU	both eyes
IV	intravenous	P2	second phalanx
IVDD	intervertebral disk disease	P3	third phalanx (coffin bone)
KADM	ketoacidotic diabetes mellitus	PAF	perianal fistula
		PANO	panosteitis
		PCR	polymerase chain reaction
		PCV	packed cell volume
		PD	progressive disease

PDA	patent ductus arteriosus	SAM	systolic anterior motion of the mitral valve
PE	physical exam	SARD	sudden acquired retinal degeneration
PEG	percutaneous endoscopic gastrostomy tube	SAS	subaortic stenosis
PEM	polioencephalomalacia	SBE	septic bacterial endocarditis
PHPV	persistent hyperplastic primary vitreous	SC	subcutaneously
PI3	parainfluenza 3	SCC	squamous cell carcinoma
PKD	polycystic kidney disease	SD	stable disease
PLN	peripheral lymph node	SDF	superficial digital flexor tendon
PLR	pupillary light response	SIBO	small intestinal bacterial overgrowth
PLT	platelet	SID	once a day, every 24 hours
PM	post mortem	SLE	systemic lupus erythematosus
PO	per os, by mouth	LLN	sublumbar LN
POO	pyloric outflow obstruction	SMLN	submandibular LN
PP	polyphagia	STS	soft tissue sarcoma
PPM	persistent pupillary membranes	STT	schirmer tear test
PR	partial remission	Sx	surgery
PRA	progressive retinal atrophy	T4	thyroid hormone level
PRAA	persistent right aortic arch	TB	tuberculosis
PRD	progressive retinal degeneration	TCC	transitional cell carcinoma
PRN	as needed	TEME	thromboembolic
PS	pulmonic stenosis		meningoencephalomyelitis
PSS	portosystemic shunt	THR	total hip replacement
PT	prothrombin time	TI	tricuspid insufficiency
PTE	pulmonary thromboembolism	TIB	tibia
PTT	partial thromboplastin time	TID	three times a day
PU	perineal urethrostomy	TLI	trypsin like immunoreactivity
PU/PD	polyuria/polydipsia	TPLO	tibial plateau leveling osteotomy
PVC	premature ventricular contractions	TPO	triple pelvic osteotomy
PX	prognosis	TRT	treatment
q	every	TTW	transtracheal wash
QD	once a day, every 24 hours	Tx	treatment
QID	four times a day	U/S	ultrasound
qod	every other day	UA	urinalysis
R	right	UAP	united anconeal process
R/U	radius and ulna	UO	urinary obstruction
RADS	radiographs	US	ultrasound
RAO (COPD)	recurrent airway obstruction	UTI	urinary tract infection
RBBB	right bundle branch block	V tach	ventricular tachycardia
RCM	restrictive cardiomyopathy	VAS	vaccine associated sarcoma
RDA	right displaced abomasum	VPC	premature ventricular contraction
RECK	recheck	VPC	ventricular premature contraction, ventricular premature complex
RESECT/ANAST	resection/anastomosis	VSD	ventral slot decompression
RFM	retained fetal membranes	VSD	ventricular septal defect
RTA	right torsed abomasum	WMD	white muscle disease
RTX	radiation therapy	WNL	within normal limits
RV TEAR	rectal vaginal tear	WPW	wolff-parkinson-white syndrome
Rx	prescription		
S/R	suture removal		
SA	sarcoma		

7. BATHS, SMALL ANIMAL

All small animal inpatients will be bathed with regular “Fresh and Clean” shampoo before discharge. Patients receiving any type of medicated bath approved by the **owner will be charged an additional fee.**

8. BICYCLE POLICY

Campus policy regarding bicycles in buildings is clearly stated in the Traffic and Parking Regulations. Paragraph VI. B. states, “Bicycles shall be parked only in bicycle racks. They are not permitted in buildings. Violators are subject to fines/bicycle impoundment.” See www.k-state.edu/parking/regulations

9. BLOOD DONOR PROGRAM

Pet Health Center students are responsible for the daily care and well-being of the canine and feline blood donors. We are committed to providing optimum, humane donor care for the welfare of the donors and to maintain the safety of our blood supply.

A. BLOOD DONOR FACULTY COORDINATOR RESPONSIBILITIES

- I. Oversight of medical care
- II. Compliance with current KSU IACUC protocols. (All requests for use of donor animals for other procedures must be approved by the Faculty Coordinator prior to being performed.)
- III. Ensuring an adequate supply of blood products for routine emergent care at the VMTH.
- IV. Assistance with acquisition of replacement donor animals and placement of retiring donors in suitable homes.
- V. Providing Adjustment Request forms to the Fiscal Officer for write off of potential donor charges to the WS Blood Donor SA account.
- VI. Answering questions and making final decisions, along with the Hospital Director, for the VMTH blood donor program.

B. BLOOD DONOR SUPERVISOR RESPONSIBILITIES

- I. Daily oversight of donor care and status.
- II. Contacting the Blood Donor Faculty Coordinator regarding medical questions.
- III. Coordination of routine diagnostic testing and vaccinations.
- IV. Maintaining and updating protocols for drawing blood from canine and feline donors. Such protocols will be clearly defined so they can be readily followed in situations where additional blood products are needed beyond what is available.
- V. Ensuring an adequate supply of blood products for routine emergent care at the VMTH.
- VI. Acquisition of replacement donor animals on a timely basis and facilitating placement of retiring donor animals in suitable homes.

VII. Organization and stocking the blood donor collection supplies.

VIII. Ordering supplies as needed.

C. STUDENT RESPONSIBILITIES

I. Canine Donors

- i. Complete physical examination, TPR, nail trims (if needed) and body weight (in kg) at the start of each week (Monday if not a holiday.) Record all findings in the medical record located in Ward 2.
- ii. Daily notation should be entered in the record (not complete physical) on remaining days of the week. Please complete SOAP and physical examination if a dog is ill.
- iii. PCV and TP will be done at the time of blood donation. The scheduled date that each dog is to be drawn is on the Blood Donor Board in Ward 2. PCV and TP may need to be checked at other times upon request by a clinician.
- iv. Walk, groom, and provide positive interactions with the dogs daily. Dogs must be exercised four times daily (~ 15 minutes each time) no later than 7:30 AM everyday and again at noon and in the evenings. Students are responsible to enter the 10 PM walk in the After-Hours Book.
- v. Brush teeth daily. Each dog should have their own toothbrush.
- vi. Blood donors may be taken on walks provided they are always on a leash. The student, house officer or faculty member who walks the dogs must put their name and pager number on the patient's run and advise the Emergency/Discharge Desk personnel.
- vii. Dogs will be fed daily by animal caretakers. Please do not feed additional food. Please be sure all animals have an adequate supply of water before leaving in the evenings.
- viii. Heartworm preventative and flea/tick control are to be given on the 1st of each month (Contact the Blood Donor Supervisor for medications).
- ix. Fecal direct smear and flotation to be performed on the 1st of each month with results recorded in the medical record.
- x. Consult with the Small Animal Medicine Section Head or the Blood Donor Supervisor regarding any of the dogs' medical issues (vomiting, diarrhea, anorexia, etc.) as they occur.

II. Feline Donors

- i. Physical examination, TPR, and body weight (in kg) at the start of each week (Monday if not a holiday). Record all findings in the individual medical record. Daily notation should be entered in the medical record (not complete physical) on remaining days of the week.

- ii. Daily notation should be entered in the medical record (not complete physical) on remaining days of the week. Please complete SOAP and physical examination if a cat is ill.
- iii. PCV and TP may need to be checked intermittently upon request of a clinician.
- iv. Groom and provide positive interactions with the cats daily.
 - a. Heartworm preventative and flea/tick control is to be given on the 1st of each month (contact the Blood Donor Supervisor for medications).
- v. Cats will be fed daily by animal caretakers. Uneaten food portions will be labeled by the animal caretakers and placed in the 1st empty cage in the Cat Donor Room labeled as Uneaten Food. They will let them out of their cages in the mornings.
 - a. In the evenings, students will return cats to their respective cages at approximately 10:00 P.M. Please obtain each cat's uneaten food portion from the Uneaten Food cage and place in the respective cages.
- vi. Consult with the Small Animal Medicine Section Head or the Blood Donor Supervisor regarding any of the cats' medical issues (vomiting, diarrhea, anorexia, etc.) as they occur.

If a donor has a problem, students should notify the intern scheduled on emergency service for that week or the Blood Donor Faculty Coordinator. The Intern's emergency schedule is posted in Ward 2. Students should write their name next to each blood donor they are assigned to on the Blood Donor board in Ward 2.

D. BLOOD DONOR RECORDS AND CHARGES

- I. **Initial Screening:** Screening lab tests for potential blood donors, prior to entering the VMTH, are to be entered in Vetstar as follows:
 - i. **Animal not previously seen at KSU-VMTH:** KSU, SA BLOOD DONOR POTEN #84079. Desk personnel will enter each potential blood donor in this account as an individual patient by using the owner's last name, hyphen and patient's first name, as the full name of the patient. (Example: 003 JONES-TIGGER, 004 SMITH-FIDO). All patient charges will be entered in the individual patient account number (ie. 003, 004). (Do not assign individual medical record numbers to these patients.) The Blood Donor Faculty Coordinator or his/her designee is responsible to provide an Adjustment Request form to the Fiscal Officer to affect write off of these charges to the WS Blood Donor SA account.
 - ii. **Animal previously seen at KSU-VMTH:** Desk personnel will register the patient using the original medical record number (M000000) and enter all charges in the patient account. (Do not use KSU, SA BLOOD DONOR POTEN # 84079). The Blood Donor Faculty Coordinator or his/her designee is responsible to provide an Adjustment Request form to the Fiscal Officer to affect write off of these charges to the WS Blood Donor SA account.

- II. **Final Screening/Acceptance:** Potential blood donors entering the facility for further screening or care will be assigned an individual medical record number by the Desk personnel and transferred to the SA, BLOOD DONOR KSU account # 100465 by the Director of Client Services.
- i. **Animal not previously seen at KSU-VMTH:** The patient will be registered by Desk personnel who will assign an original medical record number and request the Director of Client Services to transfer the patient history from the KSU, SA BLOOD DONOR POTEN # 84079 to the SA BLOOD DONOR KSU account #100465 in Vetstar. Medical Record personnel will copy all outside lab results from the individual Blood Donor Poten records and place in the newly assigned medical record. All charges will be entered in the SA BLOOD DONOR KSU account # 100465.
- ii. **Animal previously seen at KSU-VMTH: (Accepted Donor)** Desk personnel will register the patient using the patient's original medical record number (M000000) and request the Director of Client Services transfer the "patient history" from the owner's account to the SA, BLOOD DONOR KSU account # 100465 in Vetstar. All charges will be entered in the SA, BLOOD DONOR KSU account # 100465.

III. **Client Owned Accepted Blood Donors**

Desk personnel will register the patient and enter charges using the patient's original medical record. The Blood Donor Faculty Coordinator or his/her designee will provide an Adjustment Request form to the VMTH Business Office to write off the client charges to the WS Blood Donor SA account.

11. **BUDDY ANIMALS**

"Buddy" animals are defined as those who enter the hospital and must be present with a sick patient in order to provide treatment. Buddy animals usually accompany horses, llamas or alpacas. The buddy animal may be placed in a cage, run or stall separate from the sick patient or together. A medical record will be established on both animals at time of registration.

Sick patients will be charged an exam or recheck fee plus other appropriate charges. Buddy animals will be charged the appropriate "Buddy Fee" each day (see below). The charge for setting up the record is included in the fee.

Daily Buddy Canine	E1195
Daily Buddy Equine	E1198
Daily Buddy Feline	E1196
Daily Buddy Small Exotic	E1197
Daily Buddy Llama/Alpaca	E1194

Buddy horses, llamas and/or alpacas that stay on a trailer that are owned by a client who has brought a patient for a routine appointment or emergency will not be registered as patients or assessed a buddy fee. We encourage these animals to remain on trailers for safety purposes.

12. **CASE ASSIGNMENTS**

Cases will be assigned by the Section. Management of your cases will be established within each Section. Case management and care is of utmost importance. It is evidence of the confidence the clinicians have in you; your

case work performance is the basis for much of the clinician's evaluation of your progress toward your DVM degree. Failure to properly attend to your cases may lead to an F-grade and dismissal from the College.

13. CLIENT VISITING PRIVILEGES AND PATIENT RECORDS

The clinician in charge of a case must give permission and schedule a time for a client to visit their animal. As a general policy, for the sake of other patients in the VMTH, patient visitations are not encouraged. The patient should be taken to an examination room for the visit. Owners are not allowed to visit their animals in the **wards, pens or in ICU**. The senior clinician (or his/her designate) shall be with the patient at all times during the visit. Clients are not allowed to be in any area of the hospital unattended. When clients come to the hospital after hours to visit a patient, the student on the case will be paged to attend the visit. Please do not page the clinician unless the clinician asked to be paged in that instance OR the student is unavailable. **Senior students are the ONLY persons authorized to walk hospitalized patients outside.** Friends, family, and/or visitors are not allowed to walk VMTH patients.

Patient records are confidential and the property of the VMTH. They are not to be copied or removed from the VMTH without authorization from the Hospital Director. Patient records are not to be shown to clients. The only exception is when the senior clinician is using the record to discuss the case with the client.

14. CLINIC HOURS AND APPOINTMENTS

Regular hours for the Small Animal Desk are 8:00 A.M. to 5:00 P.M. weekdays and alternating Saturday mornings from 8:00 A.M. to 11:00 A.M. (except holidays). Regular hours for the Large Animal Desk are 8:00 A.M. to 5:00 P.M. weekdays (except holidays). Regular receiving schedules are established by each Section Head. Clients should be encouraged to make appointments by calling the Large Animal or Small Animal Desks. Appointments can only be made during regular VMTH hours. Veterinary students are not permitted to schedule appointments for clients.

Examination, treatment or admission of an animal into the VMTH can only be done with authorization of a Senior Clinician. **You may not treat any animal (yours or anyone else's) within the VMTH, or use the VMTH equipment or facilities without authorization and supervision of a Senior Clinician.** All animals treated within the VMTH must have been admitted and discharged by one of the desks.

Emergency/ICU service will be available to our clients 24 hours a day, 365 days a year. Students will be randomly assigned to emergency/ICU duty in the VMTH.

15. CLINICAL PATHOLOGY SERVICES (AFTER HOURS)

Student Laboratory Technicians (SLT) are responsible for processing and analyzing most samples submitted to the clinical pathology laboratory after-hours. Student Laboratory Technicians are hired by and responsible to the Director of the Clinical Pathology Lab. The SLT will contact a medical technologist, clinical pathology resident or clinical pathologist if assistance with handling samples is needed.

Student Laboratory Technicians should be called or paged at the time a sample is obtained for analysis. Please do not ask the Emergency Desk personnel to call or page a SLT prior to having the sample in-hand.

Student Laboratory Technicians are to be available in the clinical pathology laboratory within 20 minutes of the time they are called or paged by the Emergency Desk personnel. If paged, the SLT is to acknowledge receipt of the page by calling the Emergency Desk personnel. The Emergency Desk personnel will record when the SLT is paged and when the SLT responded.

Student Laboratory Technicians will remain available for running samples for cases that are being continually monitored under anesthesia provided the clinician makes this request upon submission of the initial sample. The senior clinician on the case is responsible for notifying the SLT when laboratory service is no longer required.

Clinicians should notify the Director of the Clinical Pathology Lab if there are problems or concerns related to Student Laboratory Technicians or after-hours laboratory services.

16. CLINICIAN SIGNATURE REQUIRED FOR DRUG ORDERS

Dispensary Request Forms must be signed by a clinician before medication will be dispensed by dispensary staff. In emergent situations the following protocol will apply.

- A. Dispensary staff will immediately provide the needed medication to the requesting student or veterinary technician.
- B. Student, veterinary technician, or dispensary staff will fill out a Dispensary Request Form.
- C. Dispensary will keep the pink copy of the Dispensary Request Form and place the green copy in the appropriate clinician's mailbox for signature.
- D. Clinician will sign the green copy of the Dispensary Request Form and return it to the Dispensary within 72 hours.
- E. Dispensary staff will send the pink copy of the Dispensary Request Form to the VMTH Business Office as soon as the green copy has been signed and returned to the Dispensary by the clinician.

Please contact the Pharmacist if you have questions or concerns.

17. CREDIT POLICY

Clients inquiring about credit will be provided with a copy of the credit policy by the desk personnel. If after reading the credit policy, they determine they would like to apply for credit, they should complete a credit application (available at the desks) and meet with the Fiscal Officer, or designee, prior to treatment.

18. DAY BOARD FOR HORSES

A Daily Equine Board fee (H1065) will be assessed to VMTH employees to maintain healthy horses (in a trailer, tied to a trailer, in a stall) on VMTH property for convenience purposes. The horse must be registered at the Large Animal Desk and have a record maintained. Employee horses presented to the VMTH for medical evaluation must be registered at the Large Animal Desk, have a record maintained and appropriate charges entered in VetStar. Employee horses presented to the VMTH for teaching or research must be registered at the Large Animal Desk, have a record maintained and appropriate charges entered in VetStar which will be billed to the appropriate teaching or research account through the Business Office. A Daily Equine Board fee will be assessed for horses that are here for an appointment and are left under the care of the VMTH for the convenience of the owner. Specifically, the owner drops the horse at the VMTH in the morning and picks up in the late afternoon or evening, rather than attending a scheduled, routine outpatient appointment. The daily board fee will cover provision of hay, water, and light shavings (1 bag).

Day board will not be charged to horses that are required to stay the duration of the day for their scheduled appointment (i.e. complex lameness evaluation) and are accompanied by the owner. If an outpatient requires bedding (sore feet) during an extended appointment, bedding will be charged by the bag.

Horses tied to trailers on VMTH property to attend the KSU rodeo is not assessed a daily board fee. The KSU rodeo is an ASI-sponsored event, and the sponsor assumes liability for these horses.

19. DAY BOARD AND MEDICAL OBSERVATION SERVICES FOR SMALL ANIMALS

Overview

The KSU-VMTH Medical Observation Service is limited to pets owned by VMTH clients and students, staff and faculty with ongoing medical conditions currently under the care of KSU-VMTH staff clinicians. The KSU-VMTH Boarding Service is limited to healthy pets owned by College of Veterinary Medicine students, staff, and faculty only. Space is limited and provided on a first-come first-served basis. The protocol for scheduling, admission, and discharge must be strictly enforced to prevent interference with the teaching and service missions of the KSU-VMTH and to provide the best possible care for patients being boarded or under medical observation.

Scheduling

Medical observation and boarding services are provided by appointment only. Patients must be pre-approved by a Pet Health Center (PHC) or specialty service senior clinician. All appointments must be made by the Small Animal Desk during regular business hours. Small animal caretakers and Emergency Desk personnel are not authorized to schedule medical observation or boarding appointments. Please contact the Small Animal Desk at least two weeks prior to desired medical observation/boarding dates. Upon making an appointment, Small Animal Desk personnel will prepare the medical record and contact a PHC or specialty service student.

Admission

Patients should be admitted to the KSU-VMTH through the PHC or the specialty service during regular business hours, Monday through Friday. All medical observation/boarding patients who will be staying overnight should receive physical exams upon admission. Medical observation/boarding patients which will only be in the VMTH for the day are not required to be examined. After-hours admission is done through the Emergency Desk and requires prior approval of a PHC or specialty service senior clinician. In the absence of prior approval, patients presented to the emergency desk after hours will not be admitted. The student on the Small Animal Emergency Medicine/Surgery Service who receives weekend medical observation/boarding patients is responsible for their care until discharged or transferred the next business day. The intern on duty must oversee the exams if the patient is admitted after hours or over the weekend. Patients must be current on all core vaccinations: DA2PP (dogs), FVRCP (cats), and rabies. Bordetella is highly recommended for dogs. If vaccines are not given by KSU-VMTH, then proof (copies) of prior vaccines must be provided and entered into the medical records. Owners are required to fill out a Medical Observation/Boarding Information form including telephone numbers where they can be reached while away in the event their pet becomes ill while in the KSU-VMTH. A waiver authorizing emergency treatment of life-threatening illness must be signed by the owner at admission. PHC medical observation/boarding patients admitted after hours should be transferred, by the receiving service, to PHC the next business day if admitted over the weekend.

Patient Care

The PHC or specialty service student will get the medical record, place the patient in a cage or run, and provide food, water and bedding as necessary. The student will place the cage card with identification (name, owner, any specific instructions, etc.) on the cage and place the medical record in the appropriate area. An ID neckband will be placed on each patient. Patients with ongoing medical problems will receive appropriate medical care based on the patient's needs. Small animal caretakers will provide food, fresh water, clean bedding, etc. as needed in accordance with specific instructions.

On occasion when the PHC is too busy with other cases, a small animal caretaker may be asked to receive and care for the animal, place the cage card, or take the animal to the discharge area. PHC patients are usually placed in Ward 2 or in runs (large dogs). Medical observation/boarding patients should be walked four times daily (PHC) or as instructed by the senior clinician. After hours care instructions should be recorded daily in the After Hours Book in Ward 1. Medical observation patients are given a bath the morning of discharge (if leaving in the afternoon) or in the afternoon if leaving the following morning.

Discharge

Discharge date and time should be determined at admission. Discharge should occur during regular business hours. After-hours discharges must be approved by a PHC or specialty service senior clinician at least 24 hours prior to discharge. Owners who anticipate early or delayed return to Manhattan should contact a PHC or specialty service senior clinician to schedule discharge. Upon discharge, the PHC or specialty service student will take the patient and medical record to the Discharge Desk. Discharge instructions should be completed and signed by the senior clinician. The intern on duty should sign the instructions if the patient is discharged over the weekend.

Fees

1. Medical Observation Service

A medical record fee and the weight-based hospitalization daily care fees will be charged to clients, students, faculty and staff if the patient has ongoing medical conditions.

2. Boarding Service

Patients that are healthy (no medical conditions) belonging to CVM students, staff and faculty only will have the appropriate boarding fee charged (Boarding Canine - H1069 or Boarding Feline - H1070).

3. Fee Structure

Medical hospitalization or boarding is charged the first day, if a patient is admitted before 5:00 p.m., and then at midnight each consecutive day. If a patient is admitted after 5:00 p.m., they are not charged until midnight. Fees must be paid in full at time of discharge.

20. DELINQUENT ACCOUNTS FOR STUDENT, STAFF AND FACULTY (SSF DISCOUNT)

The Student, Staff and Faculty (SSF) discount (20%) on allowable services is a courtesy extended by the Veterinary Medical Teaching Hospital to full time veterinary students, staff, house officers and faculty in the College of Veterinary Medicine. We appreciate the opportunity to provide veterinary care to animals that belong to our colleagues.

The VMTH is expected to collect on all accounts and cannot provide a variance from established accounts receivable protocols to any client. It is not appropriate to extend a financial courtesy to persons who fail to keep their account current.

SSF clients who allow their account to become delinquent either way will not receive the 20% SSF discount on future services. The VMTH Fiscal Officer will consider reinstating the 20% discount if the account is made current.

Occasionally, the VMTH Fiscal Officer agrees to provide credit for services rendered provided a suitable repayment plan is established. If a person who is eligible for a SSF discount receives approval for a repayment plan and if that person maintains the agreed-to repayment schedule, the account will not be considered delinquent. Therefore, a delinquent account is one that has not been kept current according to a previously agreed-to repayment plan. If no repayment plan is established with the VMTH Fiscal Officer, the account will be considered delinquent if it is not paid in full within 30 days of the date of an invoice.

21. DEPOSIT REQUIREMENTS FOR IN-PATIENTS

All VMTH inpatients must be given an estimate by the senior clinician or house officer on the case. A Large Animal or Small Animal Client Estimate and Consent form (02) must be completed by the clinician to include the estimate and be signed by the client.

A deposit of 60% of the high-end estimate will be collected from the client at time of admission. Outstanding charges may not exceed \$3,000. The senior clinician is responsible for bringing clients to the appropriate discharge desk to pay their deposit before leaving the VMTH. Large animal clinicians admitting patients after normal business hours are responsible for bringing the client to the Small Animal Discharge/Emergency Desk to pay their deposit.

Desk personnel will enter the client's estimate in VetStar and post the deposit payment to their account.

The Hospital Fiscal Officer or designee will review the Deposit Coverage Report each week day morning. If the current balance (deposit) reaches 60 % or less of the inpatient charges, the Fiscal Officer will contact the clinician in charge to verify when the patient will be discharged and get a new deposit estimate if needed. Discharge Desk personnel will contact the client if additional funds are needed.

The Senior Clinician is responsible for notifying the appropriate discharge desk if a patient is transferred within the hospital. For example, Small Animal Discharge/Emergency Desk personnel should be notified if a patient is transferred from the Small Animal Medicine Service to the Small Animal Surgery Service. Discharge desk personnel will contact the clinician for a new estimate and proceed with the above protocol.

Clients with an "OK" status code in VetStar or clients whose animals are receiving the following services (boarding only, dentals and spay/neuter/declaws) will not be required to pay a deposit. These are the only exception to this protocol.

22. DISCHARGES INSTRUCTIONS FOR SMALL ANIMAL

- A. All worksheets/correspondences should be written legibly! Material not legible will be promptly returned to the student. Discharges are completed on a first come, first serve basis. All discharge worksheets must include student, intern/resident, and senior clinician names, unless resident has Chief Resident status.
- B. Discharges remaining at the end of the day will be taken to the Small Animal Discharge/Emergency Desk.
- C. Blue Discharge Worksheets must be approved prior to being submitted to the word processing office. If you or your clinician want to work from a rough draft, you must prepare it. Clinician(s) and House Officer(s) should initial the orders in the top right-hand corner to indicate the orders have been approved and are ready for final processing. The word processors will prepare final copies (including copies for the record and referring veterinarian) of the discharge instructions and the student may pick them up to obtain the appropriate signatures.

- D. Students should submit discharge worksheets to the word processors well in advance of the patient's scheduled discharge time. This lead time allows the word processors time to finalize orders to make revisions if necessary as well as allowing students time to get signatures. The following schedule applies:
- I. For morning discharges, orders should be submitted to the word processors early the afternoon prior to discharge.
 - II. For afternoon discharges, orders should be submitted early the morning of the day the patient is scheduled for discharge.
- *It is understood that extenuating circumstances arise (e.g., client arrives well in advance of scheduled discharge); these special cases will be handled accordingly.
- E. Preparation of discharge instructions for patients with elective surgeries have not posed difficulties in the past. Elective surgery discharge instructions should be submitted the same day the procedure is performed allowing the word processors ample time to prepare standard take-home orders. Patients requiring additional/special care instructions should be brought to the attention of the word processor preparing the discharge orders. Discharge instructions for these patients usually require more preparation time, so they should be submitted to the word processors well in advance of the patient's scheduled discharge.
- F. Radio-iodine cats. Upon completion of the purple worksheets, students need to provide the word processors with the owner's address (stamped on a 3 x 5 card) and the date of treatment in order to send out reminder cards in a timely fashion.
- G. If preparing discharges yourself, you must include admission and discharge dates. Make copies for the record and referring veterinarian (if applicable) and leave these copies in the record. If needed, additional letterhead will be provided by the Small Animal Discharge/Emergency Desk personnel after hours.

23. DISCHARGE MEDICATIONS

When a patient is discharged from the hospital, their unused medications should either be sent home with the client or returned to the Dispensary for credit or disposal. The Dispensary will give credit on everything except filled syringes. When medications are returned, Dispensary personnel will complete the required paperwork and enter the credit on the patient account in Vetstar.

The Federal Food, Drug and Cosmetic Act requires that medications labeled for one patient may only be used for that patient. This requires that all leftover patient medications be removed from the wards and not used for other patients.

24. DISPOSAL OF BIOHAZARDOUS WASTE

The following procedures have been developed by the Department of Diagnostic Medicine/Pathobiology to decrease the risk of contamination during storage and transport of biohazardous material to necropsy for autoclaving.

Biohazardous material will be placed in certified autoclave bags and the bags must be sealed with heat sensitive autoclave tape. All biohazardous bags must be intact to be accepted for autoclaving. Broken or torn bags will not be accepted.

Absolutely no sharps or glass will be put in autoclave bags for disposal. All sharps should be disposed of in certified sharps containers.

Biohazardous material will be transported to the necropsy autoclave in covered, waterproof, biohazardous labeled containers. These containers should be used to store biohazardous material in the labs. Bags of biohazardous material should not be stored on the floors in labs.

The necropsy autoclave will run twice a week on Monday and Thursday afternoons. Biohazardous materials will be accepted for autoclaving from 8:30 A.M. through 11:30 A.M. on those days. Investigators will be responsible for proper placement of biohazardous material in autoclave tubs.

If you have questions regarding proper disposal of biohazardous waste, please contact Necropsy at 532-4349.

25. DROP OFF OF PERSONAL PETS

A drop-off appointment must be made through the Small Animal Desk (2-5690) or Large Animal Desk (2-5700) unless it is an emergency. This must be done to allow the receiving clinician to plan his/her day with senior students and to make sure they have a scheduled time to see the patient.

Ideally, the owner should come back to the VMTH at their scheduled appointment time and visit with the clinician and senior student who will be caring for their pet. If their schedule makes this impossible, they should arrange a time prior to 1:00 P.M. to visit with the student and clinician in person or by telephone. If a small animal patient is being admitted for surgery, the owner must be present for their appointment or arrange another time in the day to visit with the receiving clinician in person. If the owner does not meet with the receiving clinician, surgery will not be performed. Unscheduled non-emergency drop off of personal pets will not be accepted.

When sick animals are dropped off, the client must be able to be reached by telephone or return to the VMTH by 9:00 A.M. that day to discuss the patient history and proposed treatment. Desk personnel should determine the time of drop off with the client when scheduling the appointment.

The owner must check in with the appropriate desk and complete all required medical record forms including Medical Record Form 5 – Drop Off Information Sheet. If arriving before 8:00 A.M., the owner must check in at the Small Animal Discharge/Emergency Desk. If arriving after 8:00 A.M., the owner must check in at the Small Animal Receiving Desk or Large Animal Receiving Desk. Owners are not to take pets directly to a ward, run or stall.

Drop off patients scheduled for the Pet Health Center will be placed in a roll cage with their patient identification card by Small Animal Discharge/Emergency Desk personnel and moved outside the Pet Health Center at 8:00 A.M. The Pet Health Center clinicians and students will receive patients in appropriate order or as the schedule allows.

For all other services, the receiving clinician should assign a student to the patient prior to the appointment. The student assigned to the case should obtain the drop off time from the appropriate desk and be in the VMTH at that time to accept the patient from the owner. If the student assigned to the case is not at the desk to accept the patient upon arrival, desk personnel will page them. The student assigned to the case will take the patient to a cage in the ward, run or a large animal stall with the patient identification card provided by the desk. On occasion, desk personnel may need to place animals in roll cages in the hallway by the Small Animal Desk or Small Animal Discharge/Emergency Desk with the patient identification card pending arrival of the student.

26. EMERGENCY PROCEDURE FOR CLIENTS NOT ABLE TO PAY THE EMERGENCY FEE

Veterinarians have an ethical responsibility to relieve pain and suffering in animals based on the Veterinary Code of Ethics. This ethical responsibility does not imply that animals that are sick or injured must be treated despite the owner's ability to pay. Relief of pain and suffering can be accomplished through euthanasia.

What to do if a patient is presented on emergency and the client cannot pay the emergency fee:

If a patient is presented to the VMTH on emergency and the client does not have the required emergency and examination fee, Small Animal Discharge/Emergency Desk personnel should contact the intern on duty. The intern on duty should come to the emergency waiting room and examine the animal. If the patient has a life-threatening illness or injury and is suffering, the intern may offer euthanasia. The VMTH will euthanize the patient regardless of the financial status of the client in order to relieve pain and suffering. The desk personnel should create a record, have the client sign the authorization for euthanasia form and input the appropriate charges. A copy of the bill should be given to the client before they leave the VMTH and Small Animal Discharge/Emergency Desk personnel should tell the client that they will be responsible for paying the bill.

If the intern determines that the patient does not have a life-threatening illness or injury, the intern should give the client instructions for home care and recommend that the client take the patient to a veterinarian as soon as possible. The intern should not take the patient to an examination room and should not provide treatment. A medical record should not be created.

27. EQUIPMENT REQUIRED (Clinics & Necropsy)

Specific equipment requirements will be outlined in the Section protocols. In general, the following equipment is required.

CLINICS:

Hoof Knife/Pick	Rubber Boots	Scissors—Bandage and Suture
1 Thermometer	Pen Light	Pen and Note Pad
1 Stethoscope	Identification Badge	Hemostat
Surgical Scrub Suit	Lock for Locker	Calculator

NECROPSY:

Coveralls - blue or green with student identification and/or name tag
Rubber Necropsy Gloves - latex examination gloves are not acceptable
Rubber Boots
7" or 8" Mayo Scissors - 1 pair
6" or 8" Thumb Forceps - 1 pair
Necropsy Knife

28. EUTHANASIA PROTOCOL FOR SMALL ANIMAL

Interns and residents must have direct authorization by a senior clinician in each instance before they euthanize a patient. The client must sign a "Consent for Euthanasia, Necropsy, or Donation" form authorizing the procedure before it happens.

Euthanasia of a pet animal is an emotional stress for owners and doctors alike. Owners may request euthanasia of their pet and frequently call our hospital for this service. While we are very sensitive to the feelings of owners, there are legal and ethical reasons for our current policies and procedures.

Euthanasia is carried out only by veterinary faculty at the request or consent of the owner. Euthanasia of injured stray animals and laboratory animals may also be required of faculty members. Students are **not authorized under any circumstances** to euthanize a patient without direct supervision of a senior clinician.

When an owner requests euthanasia:

- A. Make appropriate inquiry regarding ownership.
- B. Make certain there is no doubt about the identification of the animal.
- C. Make appropriate inquiry regarding possible bite wounds to humans in the past ten days.
- D. Discuss options regarding the body care:
 - I. Disposal - mass grave at the Landfill
 - II. Cremation - individual or mass - check with discharge desk for cost.
 - III. Disposal by owner.
- E. Offer post-mortem examination.
- F. If appropriate, request permission to use body for teaching.
- G. Witness the signing of the consent statement by the owner.
- H. Determine if owner would like to be present for euthanasia. Review procedure and anticipated events.
- I. Perform euthanasia in a professional manner.
- J. Offer consolation and grief counseling as appropriate.
- K. Coordinate necropsy, disposal, or RABIES EXAMINATION when appropriate.
- L. Record the reason, method, time of death, and how permission was obtained from the owner/agent in the medical record followed by a signature.
- M. Under no circumstances delegate the responsibility for euthanasia to a student or staff member.

29. EXAM, RECHECK & CONSULTATION CHARGES FOR SMALL ANIMALS

All animals in the VMTH are required to be registered and have a medical record set up at the appropriate desk. All animals will be housed in clinical areas. Exceptions for research animals must be approved in advance by the Hospital Director's Office.

A. NEW PATIENTS

New patients presented to the VMTH will be charged an "exam" fee for the service they are visiting. Patients born in the VMTH must be registered, have a medical record, be examined and the appropriate exam fee charged.

B. PATIENT RECHECKS

Patients will be charged a “recheck” fee for each subsequent visit for the same diagnosis. Recheck fees may also be used for bandage changes after initial exam and Bovine US Pregnancy Diagnosis after initial exam.

Example: Animal presents three times for an allergic reaction to fleas. An “exam” fee is charged for the first visit and a “recheck” fee is charged for the following two visits. If the same animal presents several weeks later for a respiratory infection, an “exam” fee is charged for the first visit and a recheck” fee for the following visits.

C. EXCEPTIONS – See Speciality Pricing (Agricultural Practices) for exceptions.

D. CONSULTATION FEES

In situations where a patient is presented for an appointment and another service is asked to provide a consult while the patient is hospitalized, the second service will charge a “consultation” fee in addition to the “exam” or “recheck” fee charged by the first service. If the patient is sent home and returns for a separate scheduled appointment to a different service, the patient will be charged an “exam” fee by that service.

Example #1: Patient is presented to the Internal Medicine Section and a Cardiology Consult is requested. Internal Medicine charges an “exam” or “recheck” fee as indicated in paragraph 1 above. The Cardiology Service charges a “consult” fee.

Example #2: Patient is presented to the Pet Health Center and charged an “exam” or “recheck” fee as indicated above. During that exam, it is determined the patient needs to be seen by an Ophthalmologist at the next available appointment because the Ophthalmologist is not available to provide an immediate consult. Patient is charged an “exam” fee by the Ophthalmology Service on the date of the ophthalmology appointment.

If a patient is seen by a second service and a consultation fee is charged, that service need not charge an “exam” fee if the patient is returned to the specialty service a few days/weeks later. In these cases, a “recheck” fee may be charged. If a consultation fee was not charged, the specialty service must charge a full exam fee.

30. FEE DISCOUNTS FOR ANIMALS OWNED BY CVM STUDENTS STAFF AND FACULTY (SSF)

The Veterinary Medical Teaching Hospital (VMTH) is pleased to offer a reduced-price program to veterinary students and employees (faculty, house officers and staff) of the College of Veterinary Medicine.

Veterinary Care. This program provides a 20% fee reduction for veterinary care.

Reduced cost veterinary care is made available because:

- A. It is expected that students, staff, and faculty will be an active part of their animal’s care, thereby reducing the cost of that care.
- B. By providing veterinary care to students, staff, and faculty animals, we increase case load which helps meet our teaching mission.

In order for you to qualify for the fee-reduction, your animal(s) must be registered and examined by a VMTH veterinary service, a medical record must be maintained, a senior clinical must be assigned and the patient must be discharged according to Hospital policy. The VMTH must provide all your veterinary care except when you are referred elsewhere by a VMTH clinician for specialty services. In order to provide this discount, the hospital expects to be fully involved in your animal's health care.

The 20% discount applies only for services, supplies, and pharmaceuticals related to the veterinary care provided and overseen by a senior faculty member in the VMTH. It does not apply to laboratory tests or over the counter pharmaceuticals. Teaching discounts, in addition to the fee discount, must be approved in advance by the Section Head and Hospital Director. Delinquent account holders will not be given the SSF discount on services.

31. FINANCIAL POLICY

Below is the VMTH Financial Policy. Receiving Desk personnel should provide every client with a copy of this policy at time of check-in. See "Credit Policy" for additional information.

Financial Policy

Please read this financial policy carefully. If you have questions or concerns please let us know before we provide medical treatment for your animal.

- If your animal is seen as an outpatient - The entire bill for today's services and any prior balance will be due at discharge.
- If your animal is admitted as an inpatient - Your clinician or a member of our staff will provide you with an estimate for the cost of your animal's treatment. A deposit of at least 60% of the high end of the estimate is required prior to beginning treatment. It is possible that additional expenses could cause your animal's treatment to exceed the estimate based on our initial examination at which time you will be notified of your increased estimate. At that time, you will be required to increase your deposit to 60% of the high end of the new estimate. During treatment of your animal the outstanding/unpaid charges may not exceed \$3,000. We will notify you if additional funds are required to keep your total indebtedness below \$3,000. The entire remaining balance will be due at the end of hospitalization. Please be advised that your final charges will depend on actual services received which may or may not exceed our estimates.
- It is important to note that your statement at discharge may not reflect all charges incurred. After all charges are posted you may receive an additional invoice in the mail which usually occurs in approximately 7 to 10 days.
- As a state institution we are responsible for gathering accurate information on our activities. This includes obtaining accurate client names, addresses, and social security numbers. Please help us by providing this information as well as informing us of any changes to this information.
- We accept cash, personal checks and most credit cards (MasterCard, Visa & Discover). Please notify us before we provide medical treatment for your animal if you cannot pay your bill in full at discharge so that we can assist you in exploring other clinical or financial options.

- Clients occasionally ask us to provide free medical care. The KSU Veterinary Medical Teaching Hospital is mostly self-supporting and in order to provide state of the art veterinary care we must receive payment at the time of service.
- We are committed to providing your animal with exceptional medical care. Thank you for choosing the Veterinary Medical Teaching Hospital at Kansas State University.

32. FIRE ALARM PROCEDURES

Whenever a fire alarm sounds in any area of the three buildings, the Police Department will receive the alarm and respond to it by checking the problem area, and call the Manhattan Fire Department, if needed. The lights and horns will sound and remain sounding until the area is checked and then silenced by the Fire Department, Police Department, or Facilities personnel. When the alarm is sounding all personnel should vacate the building until an “all clear”, at which time they are permitted to re-enter the building.

Abandoning critical patients in ICU or patients in surgery is a decision that is made by the clinician on duty.

If anyone actually sees a fire or smoke in any location of the building, please report it immediately to the campus police at 911.

33. FOOD IN THE VMTH

Cooking food in any form is prohibited in all areas of the Veterinary Medical Teaching Hospital. Warming food using a microwave or crock pot is permitted in conference rooms and office areas provided strong odors are not created.

Exceptions to this policy require prior approval of the Hospital Director or Hospital Administrator.

34. FOOD SALES

Faculty, staff and client animals must have been seen by a VMTH clinician and have a medical record on file to purchase food. Veterinary students are not required to have their animals examined by a VMTH clinician to purchase food. Graduation day is the final day that veterinary students can purchase and pickup food at discounted prices.

A. FOOD SALE HOURS

- I. Full service food sales are available at the Small Animal Discharge/Emergency Desk during regular business hours.
- II. Limited service food sales are available after 5:00 PM and on weekends. During these times, staffing is reduced and SA Discharge/Emergency Desk personnel must attend to VMTH patients and client/RDVM telephone calls as a priority over pet food purchases.

B. PRESCRIPTION FOODS

- I. Faculty, staff and clients requesting prescription food must have a prescription signed by a VMTH clinician on file in the patient medical record prior to the prescription food purchase.
- II. Veterinary students requesting prescription food must have an original prescription on file in the patient medical record at the KSU-VMTH prior to prescription food purchase.

- III. Available in-stock prescription food will be sold over the counter at the time requested. Please check with the Small Animal Discharge/Emergency Desk personnel to see which prescription foods are carried in stock.

C. SPECIAL ORDERS

Food not available in-stock must be special ordered. Your account will be charged on the day you place your order. The Small Animal Discharge/Emergency Desk personnel will notify you by e-mail on the day your order is received. If you have not picked up your food by the indicated date (one week from notification), it will be moved to central storage. After that date, you must coordinate pick up through Central Supply/Receiving personnel at 532-4173. Although most products arrive weekly, please place your special orders well in advance because we can not control the delivery date.

See "Fee Discounts for animals by CVM Faculty, Staff and Students" for additional information.

35. FOOD SALES COUPONS

The VMTH is unable to accept (redeem) coupons for any over-the-counter food sale products because the VMTH is not a retail outlet. Clients inquiring about coupons should be informed that they can be redeemed at any retail store which carries that particular product.

The only exception is that we accept coupons/certificates from the Veterinary Student representatives for Hill's Science Diets and Purina products. These coupons/certificates are given **only** to KSU veterinary students.

Certificates from the Purina Student representative for a free bag or case of Purina Veterinary Prescription Diets can only be accepted for food that we currently stock. **We do not accept coupons/certificates for any special food order.** The certificate reads: "Entitles a KSU Vet Med student or resident a free bag of Purina Veterinary Prescription Diet pet food" and includes the Purina Student Representative signature. The coupon reads "FREE (up to \$30) 1 bag or case, or one package Purina Veterinary Diets Dog or Cat Formula, up to a 20 lb. bag."

When a veterinary student presents a coupon or certificate for free food, Small Animal Discharge/Emergency Desk personnel will complete a blue food sales slip and staple the coupon to it and place the food sales ticket (with attached coupon) in the back of the APR basket with regular food sales slips. Business Office personnel will maintain inventory by entering the food to account, #113064, FOOD IN HOUSE, patient 03, Student Coupons/Vouchers.

36. FOOT AND MOUTH DISEASE PREVENTION FOR VISITORS TRAVELING TO THE UNITED STATES FROM FMD INFECTED REGIONS OF THE WORLD

FMD is not considered a human health risk but humans can carry the virus on their clothing, shoes, body (particularly the throat and nasal passages) and personal items. The disease is extremely contagious and spreads easily among cloven-hoofed animals such as cattle, sheep, pigs, goats and deer. Introduction of FMD into this country would be disastrous to the American livestock industry and wildlife community.

Travelers to the United States from infected regions must take steps to help prevent the accidental introduction of the disease into this country. In this protocol, travelers are defined as "VMTH Faculty, House Officers, Students, Staff and Visitors". Any traveler who enters the United States from a known FMD-Infected country must not be in the VMTH (including pastures, parking lots or vehicles) for five (5) days after entering the United States. If you are planning a trip to a known FMD-infected country, please contact the Hospital Director's Office

prior to departure to discuss this protocol and your return plans. A list of FMD-free countries may be found at http://www.aphis.usda.gov/import_export/animals/animal_import/animal_imports_fmd.shtml (Accessed 01-09-09)

The following preventive measures should be taken by travelers to the United States from FMD infected countries:

- A. Avoid farms, sale barns, stockyards, animal laboratories, packing houses, zoos, fairs or other animal facilities for 5 days prior to travel to the United States.
- B. Before travel to the United States, travelers must launder or dry clean all clothing and outerwear. All dirt and soil should be removed from shoes by thorough cleaning prior to wiping with cloth dampened with a bleach solution. (5 teaspoons of household bleach in 1 gallon of water). Luggage and personal items (including watches, cameras, laptops, CD players and cell phones) should be wiped with a cloth dampened with bleach solution, if soiled.
- C. Travelers must avoid contact with livestock or wildlife for 5 days after arrival in the United States. Extra precautionary measures should be taken by people traveling from farms in infected locales to visit or work on farms in the United States. Clean clothing should be worn after the visitor showers and shampoos thoroughly. Visitor's traveling clothes should be laundered or dry cleaned immediately. Off-site activities should be scheduled for the visitor's first 5 days in-country and contact with livestock or wildlife should be strictly avoided.
- D. Travelers must agree to be physically present in the United State five days prior to their arrival at the Kansas State University Veterinary Medical Teaching Hospital.

37. GOOD SAMARITAN ANIMAL PROCEDURES

Good Samaritan (Good Sam): An animal whose owner is either not present or not known at the time of presentation.

Our goal is to allow the pet owner every opportunity to be reunited with their pet and to relieve animal pain and suffering. Animals may be released to their owners if the person can give a reasonable identification (color, sex, or other identifiable markings, etc.) of the animal in question. Since we do not advertise found pets, we can generally assume the person inquiring is the owner. Owners are responsible for all charges that have incurred.

However, VMTH is not the drop off location for Good Sams for the community. People bringing in healthy animal(s) must be advised to take the animal(s) to the T. Russell Reitz Animal Shelter. Their daily hours are 1:00 - 5:30 P.M. except Wednesdays and holidays. The Animal Shelter has safe and secure drop boxes for after hour drop offs.

The clinicians of the Pet Health Center (PHC) serve as the liaison between the Animal control officials and the VMTH. A PHC clinician is to be notified about all non-exotic Good Sams presented to the hospital, regardless if it gets transferred to the PHC. PHC personnel will notify the animal shelter with the details of the patient. PHC notification is not necessary if an animal is reunited with its proper owner after hours. Please contact a PHC clinician if you have any questions regarding appropriate protocol.

Medical Record. A record is made by the appropriate desk personnel and provided to the admitting clinician/student (Pet Health Center Clinician and student during regular working hours OR emergency Small Animal Intern and Small Animal Medicine or Exotic emergency student after hours). All after hours records will include a Service Transfer form (see After Hour Admissions below).

Physical Examination. A physical examination should be performed by the receiving clinician and documented in the medical record.

If sick or injured, apply appropriate first aid and provide pain relief. Lab tests should not be performed unless they are vital for the treatment of the patient. The patient should be placed in a cage, Ward 2 or a Run with an appropriate cage ID card. The patient should be provided with food and water as appropriate.

Animal Identification and Owner Contact. Search for animal identification by means of Rabies tag, ID tag, tattoo or microchip.

- A. The universal scanner for microchips is located at the Small Animal Discharge/Emergency Desk. Please scan entire animal as chips can migrate.
- B. KSU-VMTH Rabies Tags: VetStar can be used to obtain KSU-VMTH rabies tag information. Type RB on the command line in the client/patient screen and enter the tag number. VetStar will show a list of rabies tags by year. Begin with the most recent year and check each animal to see if it matches the Good Sams presented.
- C. Rabies tags from other clinics: Contact clinic phone number on rabies tag to see if clinic can trace owner.
- D. Check the Lost Pet list at the Small Animal Discharge/Emergency Desk to determine if animal fits the description of any reported lost pets.

Release to T. Russell Reitz Regional Animal Shelter. If the owner can not be found, the Pet Health Center clinician will contact the Riley County Police Department 785-537-2112 and request dispatch of an Animal Control Officer. The medical record must be taken to the Small Animal Discharge/Emergency Desk by the Pet Health Center clinician or student for processing. The Animal Control Officer may authorize treatment at the Shelter's expense.

Good Sam animals may not be removed from the VMTH by faculty/staff or students under any circumstances. By law, **all adoptions** must be handled directly through the animal shelter.

After Hour Admissions. The interns on duty will provide a complete examination. The Small Animal Medicine Emergency student is responsible for care until released to the shelter or transferred to the Pet Health Center. This student should complete a Service Transfer form and place it on the door of the Pet Health Center. The PHC clinician will accept the transfer on the next business day and communicate with the transferring student or clinician.

Entries in VetStar. All services/charges will be entered in VetStar by the Small Animal Discharge/Emergency Desk personnel from tic sheets provided by the Pet Health Center clinician or student. An Adjustment Request form (green write-off form) must be completed and signed by the requesting clinician and section head for charges in excess of \$20.00. This form must be provided to the Small Animal Discharge/Emergency Desk for posting in VetStar.

38. GUESTS POLICY

Guests in the VMTH (adults or children) must be accompanied by a responsible faculty member, student, or staff at all times. Guests should not be present during animal care or treatment and are not allowed in the wards,

ICU, or isolation areas of the VMTH. Guests may not be present at hospital activities where they could be a distraction.

39. HEARTWORM TESTING AND PREVENTATIVE CONTROL

A. PRESCRIPTION PROTOCOL

Small Animal Desk personnel will set up appointments for heartworm (HW) tests. At the time the appointment is scheduled, the client should be advised that if test results are negative, the attending clinician will write a prescription for the patient. This may be for a 6 or 12 month supply depending on prior prevention history. Patients must be re-tested yearly in order to have heartworm preventive prescribed by VMTH clinicians.

Heartworm preventive can be prescribed if a client has a documented heartworm test from a licensed DVM within the last 12 months and proof of previous heartworm purchase (when indicated). The animal must be a current patient of the VMTH to obtain the prescription. This can be done **ONE TIME ONLY**. After the initial prescription, the patient must be re-tested at VMTH every 12 months in order to receive continued prescriptions for heartworm preventive at the VMTH.

A Pet Health Center clinician may make an exception for KSU CVM students whose pets were treated by a veterinarian at their home and need heartworm preventative while they are in school. The animal must be a current patient of the VMTH to obtain the prescription.

There is a code (K1496 Heartworm Test - Outside Source) in VetStar that does not have a charge associated with it. If a client shows proof of a negative heartworm test as outlined above, this password protected code can be entered by Pet Health Center personnel only at the time of the visit when heartworm preventive is prescribed.

B. TESTING PROTOCOL

I. Dogs < 6 months of age:

Initiate heartworm preventative therapy and perform occult heartworm test at first annual re-accination.

II. Dogs > 6 months of age, never been tested:

OHW test prior to dispensing monthly heartworm preventative. Repeat OHW test in 6 months; then every year.

III. Dogs > 6 months of age, OHW test at VMTH within previous 12 months:

Dispense monthly heartworm preventative if no more than 3 months have elapsed from the time of heartworm test until purchase of heartworm preventative. Supply/refills shall not exceed re-test date by more than 4 months. Dogs must be re-tested at least every 12 months

IV. Dogs > 6 months of age, documented OHW test at another DVM within previous 12 months:

Dispense monthly heartworm preventive if not more than 3 months have elapsed from time of heartworm test until purchase of heartworm preventative. If more than 3 months have elapsed the owner must provide proof of a heartworm preventative prescription at time of testing.

Supply/refills shall not exceed re-test date by more than 4 months. Dog must be **re-tested by VMTH** at least every 12 months

The American Heartworm Society recommends performing a heartworm test before switching to a different brand of month preventive. This should be repeated at 3 and 8 months to ensure manufacturer product efficiency warranties. More frequent re-testing is required if not on “year round” heartworm prevention.

40. HOSPITAL SANITATION

The VMTH requires a maximum degree of cleanliness and orderliness.

Veterinary students assigned to a particular case, operation, or technique will be responsible for hospital sanitation under the direction of a house officer or faculty member. These student assignments will be evaluated as part of the block grade. It is expected that the house officers will take the lead in providing a good example of cleanliness and orderliness.

- A. Wear proper footwear and clothing. Sections will designate footwear to be worn in specific areas. Protective boots worn in large animal areas should not be worn outside the large animal area. Boots and other special clothing worn in the surgical areas should not be worn outside of these areas without protective covering. Be particularly aware of transporting manure or other refuse (on your clothing or equipment) from one area of the Hospital to another.
- B. Placing debris, manure, and paper in the appropriate container. Tissue (hoof parts, horns, excised skin and other tissue, placentae) is to be placed in the outgoing necropsy cooler.
- C. Clean work areas by hosing and scrubbing. Splattered blood or manure must be removed from walls and fixtures as soon as surgery or treatment procedure is completed.
- D. Maintain items of restraint. Ropes and casting harnesses are to be properly cleansed and hung in the tack rooms. Chutes, stocks and tables must be scrubbed after each use and kept completely assembled. Do not leave parts and side boards lying around loose.
- E. Cleanse instruments/equipment and check them back in to Central Preparation. BE ABSOLUTELY CERTAIN that scalpel blades are removed from handles, towel clamps are closed, and no hypodermic needles are left in instrument packs. Scalpel blades, disposable hypodermic and surgical needles should be placed in the Sharp receptacle. Broken glass is to be placed in the appropriate box for disposal.
- F. Rinse bloody surgery drapes and gowns in cold water. Return to Central Preparation.
- G. Return treatment carts, brooms, equipment, etc., in a clean condition, to their proper location.

Students are responsible for the appearance of assigned areas at all times. Examination tables and receiving areas should be cleaned after each case.

Each hospital section has a conference room used by students, house officers, and faculty. These areas serve as a study/work area for students assigned to that section. It is the student’s responsibility to keep these conference rooms tidy. **Reminder:** These areas are visited by campus guests and other visitors on a fairly regular basis.

Unless specifically ordered to do so by a faculty member, do **NOT** take animals out of the hospital. Exercise dogs only in the designated fenced area north of emergency entrance. Students will clean up feces and place it in the plastic container provided near the entrance door.

41. HOSPITAL TREATMENT SCHEDULE

As a matter of proper medical care, all patients in the VMTH will be treated according to an established treatment schedule. The specific details of assigning student responsibility for the administration of treatments in accordance with this schedule will be handled by each section.

s.i.d. Treatments	7:00 A.M.
b.i.d. Treatments	7:00 A.M., 7:00 P.M.
t.i.d. Treatments	7:00 A.M., 3:00 PM, 11:00 P.M.
q.i.d. Treatments	7:00 A.M., 1:00 P.M., 7:00 P.M., 1:00 A.M.

It is also appropriate to collect samples for the clinical pathology laboratory at the 7:00 A.M. treatment time. Although samples are routinely accepted for "same day service" until 3:00 P.M. each weekday, it is more efficient for the laboratory staff and therefore most appropriate that we submit those samples collected from hospitalized patients at 7:00 A.M. All samples submitted to the clinical pathology laboratory must be correctly labeled and accompanied by a completed All Purpose Request Form.

42. HYPERTHYROID TREATMENT AND RETREATMENT (FELINE)

Hyperthyroidism is usually a benign cancerous condition found in cats. It can be treated with radioactive iodine (radiation treatment, or I^{131} treatment). Blood work is sent to the lab to determine the diagnosis. The Internal Medicine clinicians and residents are responsible for diagnosis and treatment of this condition.

The VMTH offers a discounted treatment package. Package pricing is only valid for 30 days from time charged on a patient account. A 60% deposit is required.

The patient must be admitted within seven days for the initial blood work fee to be included in the package. After 7 days the blood work will need to be repeated at the client's expense. If a client decides to treat the patient within 7 days, please notify the Director of Client Services to make the needed adjustments in the patient entitlement screen.

I. INITIAL TREATMENT

- A. Small Animal Receiving Desk or Small Animal Discharge/Emergency Desk personnel will:
 - 1. Register the patient.
 - 2. Page a clinician for drop offs (most of the time this will be the intern on duty). The cat should not sit in a roll cage.
 - 3. Enter VetStar code Z1748 (Hyperthyroid Cat Treatment Package)
 - 4. Admit the patient as an inpatient which will discount the regular daily care fees.

5. Drop Offs: You must page a doctor (most of the time it will be the intern on duty) and the emergency student or the student assigned to the case. The cat should not sit in a roll cage unattended.

B. The package includes:

<u>Procedure Code</u>	<u>Description</u>	<u>Qty</u>
C1050	Blood Pressure Doppler	1
J1026	CBC Mammalian	1
C1018	Cath Venous	1
Z1000	Cystocentesis, SA	1
H1005	Daily Care Feline	14
P1533	Diazepam Inj 5mg/ml	1
E1121	Exam SA Medicine <u>OR</u>	1
E1135	Exam SA Medicine Recheck L1	1
W2377	I ¹³¹ Isotope 4mCi	1
P1627	Ketamine Inj 100mg/ml	1
1055	Nuc Thyroid Scan	1
J1002	Profile Chem SA	1
J1150	Profile Renal Chemistry	1
G1019	T4 Follow Up I ¹³¹	4
R1093	Thorax SA	1
G1020	Total T4	1
J1052	Urinalysis	1
J1011	Urine Protein	1
J1112	Urine Creatinine	1

C. Additional fees will be charged for procedures/treatments not included in this package.

II. RETREATMENT

Cats that are persistently hyperthyroid 6-12 months after their first I¹³¹ treatment will be eligible for retreatment with I¹³¹. In order to ensure that costs are kept to a minimum, repeat treatments may only be done on a week that another cat is being treated. Most cats will be retreated with 4mCi of I¹³¹, unless diagnostic evaluation reveals signs of malignancy (uneven areas of uptake of Tc99, evidence of metastatic disease, etc.)

The VMTH also offers a discounted retreatment package. Package pricing is only valid for 30 days from the time it is charged on a patient account. A 60% deposit is required.

A. Small Animal Receiving Desk or Small Animal Discharge/Emergency Desk personnel will:

1. Register the patient.
2. Enter VetStar code Z1755 (Hyperthyroid Cat Retreatment Package)
3. Admit the patient as an inpatient which will discount the regular daily care fees.

4. Drop Offs: You must page a doctor (most of the time it will be the intern on duty) and the emergency student or the student assigned to the case. The cat should not sit in a roll cage unattended.

B. The package includes:

Procedure Code	Description	Qty
J1026	CBC Mammalian	1
C1018	Cath Venous	1
Z1000	Cystocentesis, SA	1
H1005	Daily Care Feline	14
P1533	Diazepam Inj 5mg/ml	1
E1121	Exam SA Medicine OR	1
E1135	Exam SA Medicine Recheck L1	1
W2377	I ¹³¹ Isotope 4mCi	1
P1627	Ketamine Inj 100mg/ml	1
1055	Nuc Thyroid Scan	1
J1002	Profile Chem SA	1
J1150	Profile Renal Chemistry	1
G1019	T4 Follow Up I ¹³¹	4
G1020	Total T4	1
J1052	Urinalysis	1
J1011	Urine Protein	1
J1112	Urine Creatinine	1

- C. If the dose of I¹³¹ is greater than 4mCi, the client will pay additional fees for I¹³¹. Additional fees will also be charged for other procedures/treatments not included in this package.

III. OUTPATIENT POST T4 TESTS

Small Animal Discharge/Emergency Desk personnel will enter a record fee (E1023) and T4 Follow Up I¹³¹ (G1019) in VetStar for clients that return to the VMTH. (There is no charge for post T4 Follow Up I¹³¹ tests at 1, 3-6, and 12 months.) Clients must pay for any additional tests/treatment. Clients may have their primary care veterinarian draw and send blood to the KSU Clinical Sciences Lab for testing at no charge. These charges will be entered in VetStar by a Clinical Sciences laboratory technician.

43. ICU CHARGES FOR SMALL ANIMAL

Small animal ICU charges will be entered by the Small Animal Discharge/Emergency Desk personnel. This will prevent duplication charges and the need to audit small animal ICU charges. It is the responsibility of the student on the case to make sure a new ICU tic sheet is placed on the clipboard each day. Upon arrival in the morning, the ICU Veterinary Technician will collect the tic sheets from the previous day, review them for accuracy and place them in the file holder outside of ICU. Small Animal Discharge/Emergency Desk personnel will pick up the tic sheets by 9:00 A.M. each business day and enter the charges in VetStar.

On weekends, senior students will place each days tic sheets in the file holder outside of ICU and the ICU Veterinary Technician will review them on arrival the next regular business day. If a patient is going home over the weekend, the senior student will bring the tic sheets to Small Animal Discharge/Emergency Desk personnel to enter the charges in VetStar.

44. KSU DAIRY BIOSECURITY (SALMONELLA)

When the KSU Dairy has salmonella or suspect salmonella cattle, the following protocol applies:

A. Equine Section

- I. Equine faculty, house officers, veterinary technicians and senior students will not access the Food Animal barn. Please access Large Animal Isolation via 1-70 or outside entrances.
- II. Use of the force plate by equine animals should be delayed, if possible, until biosecurity issues are resolved.

B. Agricultural Practices Section

- I. Agricultural Practices faculty, house officers, veterinary technicians and senior students will not access the Equine barn.
- II. Agricultural Practices faculty, house officers, veterinary technicians and senior students must adhere to established decontamination procedures when accessing the equine hospital. Clinicians and students should not access the equine hospital on the day they have been to the KSU Dairy or have treated a patient from the KSU Dairy.
- III. Agricultural Practices faculty, house officers, veterinary technicians and senior students who have been to the KSU Dairy or have treated a cow from the KSU Dairy will not access common areas; i.e. the equine computer room, the equine telephone room, Large Animal desk, Large Animal waiting room, copy machine room and the equine client consultation room until after they have followed decontamination procedures.
- IV. Persons who go to the KSU Dairy must wear rubber boots. Organic debris must be cleaned from boots prior to leaving the KSU Dairy. Upon returning to the VMTH, rubber boots should be cleaned, completely covered with disinfectant and allowed to air dry (do not rinse disinfectant). Foot baths must be prepared fresh after every visit to the KSU Dairy.
- V. Agricultural Practices calls to the Dairy will be limited to afternoon visits and Agricultural Practices faculty, house officers, veterinary technicians and senior students should return to the VMTH by 4:00 P.M. so the vehicle(s) and garage can be disinfected. Emergency calls are exceptions to this protocol.
- VI. It is preferred that suspect cows remain at the KSU Dairy. If they are to be admitted to the VMTH, they will be placed in Large Animal Isolation. Non-suspect KSU Dairy cows will be hospitalized on Tier 4.
- VII. Facilities will scrub and disinfect the Equine Barn first and then proceed to scrub and disinfect the Agricultural Practices Barn. They are not to reenter the Equine Barn for the remainder of their shift(s).

45. KSU WORKPLACE VIOLENCE POLICY

The safety and security of Kansas State University employees and customers are very important. Threats, threatening behavior, acts of violence, or any related conduct which disrupts another's work performance or the University's ability to execute its mission will not be tolerated.

Any person who makes threats, exhibits threatening behavior, or engages in violent acts on state-owned or leased property may be removed from the premises pending the outcome of an investigation. Threats, threatening behavior, or other acts of violence executed off state-owned or leased property but directed at state employees or members of the public while conducting official university business, is a violation of this policy. Off-site threats include but are not limited to threats made via the telephone, fax, electronic or conventional mail, or any other communication medium.

Violations of this policy will lead to disciplinary action that may include dismissal, arrest, and prosecution. In addition, if the source of such inappropriate behavior is a member of the public, the response may also include barring the person(s) from state-owned or leased premises, termination of business relationships with that individual, and/or prosecution of the person(s).

Employees are responsible for notifying the Director of Human Resources of any threats which they have witnessed, received, or have been told that another person has witnessed or received. Employees should also report any behavior they have witnessed which they regard as threatening or violent when that behavior is job related or might be carried out on state-owned or leased property or in connection with state employment.

Each employee who receives a protective or restraining order which lists state-owned or leased premises as a protected area is required to provide their agency designee with a copy of such order.

Questions about this policy should be directed to the Director of Human Resources at 532-6277. <http://www.k-state.edu/policies/ppm/4070.html>

46. LABORATORY POLICIES - CLINICAL PATHOLOGY LAB – See Appendix II.

47. LITTER-HERD RECORDS – CHARGES

A litter, herd, or other group presenting as healthy for the following elective procedures may be treated as a litter/herd record: tail docks/dew claws, dehornings, pregnancy checks, and brucellosis vaccinations.

Patients born in the hospital need either a litter record or an individual medical record. For example, a litter delivered by c-section and healthy may receive a litter record. The litter medical record number is to be used for the “litter” record only. It is not to be assigned to an individual patient.

A litter in which an individual patient is being treated, is ill, euthanized, etc., will require a separate record, an exam fee as well as all other appropriate charges. A Record fee (E1023) and Daily Care Accompanying fee (H1057) will be entered for the well litter. A litter record will be required for the healthy patients in the litter. If any of the other litter mates become ill while hospitalized, a separate record will be set up and an exam fee and other appropriate charges entered in VetStar.

All patients presenting for CERF, OFA, BAEP, BSE and non-litter vaccination exams will require an individual medical record and be assigned the appropriate individual charges.

The proper assignment of medical record number and individual charges will allow patient information to be accurately tracked, reported, and transferred.

Pet Health Center:

Exam - Small Animal Litter - 1st Puppy/Kitten	(E1170)
Exam - Small Animal Litter - Each add. Puppy/Kitten	(E1171)

Exam - Small Animal Litter - 1st Puppy/Kitten Recheck (E1172)

Vaccine Series Exam (E1002)

(E1102 is to be used for subsequent vaccination visits on individual patients that were previously registered with a litter/herd record at the VMTH.)

CERF, OFA, and Cardiology Exams use existing charges for “1st puppy/dog” and “add. puppy/dog.”

BAEP:

BAEP - per puppy (E1168)

BAEP - per adult (E1169)

Bse Exams: See VetStar for various charges based on the number and weight.

48. MASSMAIL

CVM Mass e-mails are to be used only for official business. Personal announcements (pets, rentals, real estate, etc) may be placed on the CVM Intranet at <http://av.vet.k-state.edu/forums/index.php>

49. MEDICAL RECORDS (CONFIDENTIALITY)

Patient records are confidential and the property of the VMTH. They are not to be copied or removed from the VMTH without authorization from the Hospital Director. Patient records are not to be shown to clients. The only exception is when the senior clinician is using the record to discuss the case with the client.

50. MEDICAL RECORDS ACCESS

VMTH protocol requires records be checked out through Medical Records except after hours (see below). During business hours, please see Medical Records personnel so the record can be checked out in Vetstar tracking. Records must be returned within two weeks. Records must remain in the VMTH and be accessible to the VMTH (that is, clinicians may keep records in their office but Medical Record personnel must be able to enter their office and retrieve the record if the clinician is not available.) This also applies to clinicians in other CVM Departments.

After Hours

The Medical Records Service is locked at 6:00 P.M. each evening to protect confidentiality of client/patient records. A key may be checked out of either the SA or LA Pyxis machine to gain access. All records removed from Medical Records after hours must be signed out on the log in the Medical Records window so the record location information can be entered in tracking the next business day. It is very important that the room be relocked immediately and the key be returned to Pyxis as soon as possible so it is available to others that may need access.

51. NECROPSY OR RABIES EXAM (AFTER HOURS)

A. Small Animal Discharge/Emergency personnel will assign a record number, VMTH senior clinician, and charge and collect the appropriate necropsy fee only (if level 2 or higher) under the following circumstances:

I. Animal is alive when sent by a referring veterinarian to the VMTH but dies en route.

- II. Animal is dead, is from an outside herd/flock/kennel, and the herd/flock/kennel has been under the care of a VMTH clinician. Clinician assigned will be the clinician who has been working with that animal or routinely works with the herd or flock.
- III. Animal is dead and is from one of the KSU Animal Science herds/flocks. The clinician assigned will be the clinician that has been working with that animal or routinely works with the KSU herd or flock.
- IV. Animal is dead and is owned by a VMTH client.

In the above cases, Small Animal Discharge/Emergency personnel will call the senior student on Small Animal Medicine Emergency duty to complete a KSU Veterinary Diagnostic Laboratory Request for Postmortem Examination and APR. The senior student should identify the animal and place it in the incoming (north) cooler. KSVDL WI-02-951- After Hours Submission Procedures for handling animals submitted for necropsy are located by the blank accession forms on the shelf outside Room D-117. The student must also notify the VMTH clinician on duty that the animal has been submitted for necropsy.

- B. Small Animal Discharge/Emergency Desk personnel will not assign a record number or collect money when a *dead* animal is being submitted to the Diagnostic Laboratory for necropsy or rabies examination and there is no referring veterinarian or the veterinarian is not a VMTH clinician. In these cases, Small Animal Discharge/Emergency Desk personnel will advise the person they will contact the on-call KSU Veterinary Diagnostic Lab student laboratory technician (SLT) to assist them. The SLT should arrive at the VMTH Small Animal Discharge/Emergency Desk within 20 minutes of being called or paged. If the SLT live-in student doesn't respond within 20 minutes, Small Animal Discharge/ Emergency Desk personnel will call the Diagnostic Laboratory Pathologist on duty.
- C. Small Animal Discharge/Emergency Desk personnel will not assign a record number or collect money when a Diagnostic Laboratory client presents a *live* animal for euthanasia by the Diagnostic Laboratory. These persons should be told the Diagnostic Laboratory will not receive, hold or provide euthanasia services for live animals after hours and they are expected to use the services of other local emergency veterinarians for animal euthanasia. The KSU-VMTH will not euthanize animals presented by clients of the KSU Veterinary Diagnostic Laboratory for necropsy purposes only.

52. OFFICE EQUIPMENT/SERVICES

Office equipment and services are for official hospital business only. Photocopy services for student activities are available in the Library or Instructional Technology Center.

53. OUTSIDE LAB TEST PROTOCOL

Outside lab tests will be stored, packaged and shipped by the Diagnostic Lab (D-Lab) Shipping Office (Room D-117). Clients should be advised that outside lab tests may be late billed.

- A. VMTH personnel are responsible for sample collection and completion of an appropriate lab submission form. Small Animal Discharge/Emergency Desk personnel will be responsible for entering all charges.
 - I. The sample must be labeled with the patient name, medical record number and date. It is the responsibility of the requesting clinician to notify the D-Lab Shipping Office if the sample needs to be shipped frozen. There is no charge for dry ice or ice packs.

- II. The outside lab Submission form must accompany the sample and include the date, requesting clinician's name, client name, medical record number, patient's name, species, age, gender, and specific test(s) desired. Submitting Laboratory information (such as phone and fax) will be completed by the D-Lab Shipping Office. Outside Lab Request forms will be stocked in the D-Lab Shipping Office. If a VMTH clinician later requests additional tests on a patient, it is that clinician's responsibility to provide the D-Lab Shipping Office with a new lab submission form containing all the information above.
 - III. Labeled samples, and outside lab Submission forms will be taken to the window of D-Lab Shipping Office by VMTH faculty, veterinary technicians or students for processing and shipping.
 - IV. Lab test codes/charges in VetStar include a shipping and processing fee (except for Antech). VetStar code K1512 should be entered for processing charges for Antech. If two or more samples are sent to the same lab at the same time for a single patient, the shipping charge will only be applied once. The Business office will credit one shipping charge on the client's account for two tests sent to a single laboratory other than Antech.
 - V. Medical Records will distribute test results to all clinicians the same day they are received from the D-Lab Shipping Office.
- B. The D-Lab Receiving Office will create a UVIS accession number and will package and ship the sample to the requested outside lab.
- I. D-Lab Shipping Office personnel will verify the requested test is in UVIS.
 - i. If it is not, that person will contact the VMTH Computer Support personnel and provide the medical record number, the name of the test, the outside lab it will be sent to, and the charge to the VMTH. VMTH Computer Support personnel will create the test in VetStar and Desk personnel will enter client charges in VetStar.
 - ii. VMTH Computer Support personnel will email the test code to the Diagnostic Shipping office personnel who in turn will contact UVIS Computer Support personnel and have the test created in UVIS.
 - II. D-Lab Shipping Office personnel will write the UVIS code and test price on a copy of the outside lab Submission form and provide the copy to the VMTH Business Office. When the results are received by the D-Lab Shipping Office personnel, they will fax a copy to Medical Records.
 - III. The D-Lab Administrative Office personnel will prepare an invoice which will be picked up daily by VMTH Small Animal Discharge/Emergency Desk personnel.
 - IV. No samples will be sent out on Friday.
 - V. Samples received after 3:00 P.M. are not guaranteed to be shipped the same day. If not, they will be shipped the following workday. It is the responsibility of the requesting clinician to advise the D-Lab Shipping Office how to store samples delivered after 3:00 P.M.
 - VI. The Department of Diagnostic Medicine will bill the VMTH for outside lab charges monthly.
- C. Dangerous Goods/Live Organisms. These types of samples require special handling and are subject to additional fees.

- I. If a sample is determined to be an “infectious substance” (dangerous to either humans or animals) or contains “live organisms”, the clinician must personally take the sample to the D-Lab Shipping Office and advise them accordingly. The D-Lab Shipping Office will request a Dangerous Goods Shipping Form be completed and will advise the clinician of the additional costs for handling. It is the responsibility of the requesting clinician to advise the client of the additional cost.
- II. It is the responsibility of D-Lab Shipping Office personnel to provide the Small Animal Discharge/Emergency Desk personnel with an email indicating the amount of additional charges by 4:00 P.M. on the day the sample is shipped. The email must include the patient name, medical record number, date, name of the outside lab and all additional charges with a notation that the additional shipping charges are for “dangerous goods” or samples containing “live organisms”.

54. PARASITOLOGY SUBMISSIONS

All specimens submitted for parasitology testing should be clearly labeled with:

1. VMTH record number
2. Name of the animal
3. Date collected

The specimen and Parasitology Submission form should be taken to the Diagnostic Laboratory in Mosier Hall, Room D-117 for UVIS log-in and case number. Specimens will be picked up by Parasitology Lab personnel at 1:30 pm and *again* at 3:30 pm. Results may be available by 5:00 pm the same day. Specimens left at the Diagnostic Laboratory after 3:30 pm will be refrigerated that night and results should be available the next afternoon. Printed results not picked up will be placed in the appropriate clinician’s mail box by Clinical Pathology Lab personnel. Verbal results may be obtained by calling the Parasitology Lab (2-4619).

Specimens submitted for Baermann Examination must be submitted before 11:00 am. These samples must be FRESH, and NOT REFRIGERATED. Please advise a Diagnostic Laboratory employee that the specimen needs immediate pick-up.

If you have questions regarding these procedures, please contact the Director of the Clinical Pathology Lab (532-4626).

55. PATIENT DISCHARGE

Regular discharge hours will be established by each Section. Patients may be discharged at other times provided prior arrangements have been made by the senior clinician, and provided discharge instructions are complete (see following paragraph). If a patient is to be discharged during any time other than regular hospital hours (8:00 A.M. to 5:00 P.M. weekdays or 8:00 A.M. -11:00 A.M. Saturdays) by clinicians/students on emergency duty, the discharge is not to interfere with emergency patient care or other after-hour duties.

The senior clinician on the case (or his/her designate) must authorize discharge of a patient.

The senior clinician on a case is to be notified if a client is in the VMTH and wishes to have their animal discharged. The senior clinician (or his/her designated house officer) should discuss the case with the client prior to discharge. Authorization consists of: a) completion of the "discharge instructions" to be written in the patient's record and, in most instances, written instructions should be provided to the client at the time of

discharge, b) entry of all procedure codes in VetStar, and c) an authorized signature (senior clinician or his/her designated house officer). Patients are not to be discharged unless the "Authorization" is complete on the patient's record and all fees paid prior to discharge. If fees are not collected in full, then the animal is to be discharged only after arrangements have been made for payment of all fees owed VMTH through the Hospital Fiscal Officer. **Veterinary students do not have authority to authorize discharge of animals from the VMTH.**

It is the policy of the VMTH that there will be a written follow-up report sent in a timely manner to all referring veterinarians concerning cases seen by the VMTH personnel. This report is the responsibility of the senior clinician; students/house officers may be asked to assist in drafting such letters. A copy of the report will be included in the medical record.

56. PATIENT PRESENTED TWICE WITHIN 24 HOURS

A patient that has been presented and returns for the same problem or complications for the same problem within 24 hours will not be charged an Emergency Fee or Exam Fee. They will be charged a recheck fee.

57. PERSONAL PHOTOGRAPHY

Anyone desiring to photograph cases presented for treatment, hospitalization, or necropsy must secure permission from the Hospital Director. This includes requests from the media.

58. PERSONAL USE OF UNIVERSITY TELEPHONES

The KSU policy on personal use of university telephones follows:

"Personal phone calls made on University equipment are to be kept to a minimum. Personal calls requiring a toll charge are the responsibility of the employee. The employee's department is responsible for taking corrective action in the event an employee abuses the personal phone call policy. If an employee needs to make a personal toll call, the call must be made collect, charged to a residential telephone or personal credit card. If a personal toll call is inadvertently charged to the University, the caller is required to reimburse the University for the call.

"If necessary, when traveling on official business, employees may make one call (not to exceed 3 minutes) to their home to report their overnight location. Such calls will be considered University business." KSU Policy and Procedure Manual Chapter 3310 Part 030).

VMTH personnel are responsible for reviewing their monthly telephone toll call records to determine if any personal calls have inadvertently been made and pay the Business Office for any amount due. The VMTH Business Office is to make documentation of this review and maintain records showing all personal calls and reimbursements paid.

Employees may not use their VMTH phone authorization code to make personal long distance calls.

59. POLICY ON GENDER

Members of the Kansas State University community are urged to do the following:

A. Know how gender ideas and traditions affect behavior, including your own.

Each of us must understand the issues involved in how we interpret and respond to gender. We must begin by paying attention to the experiences and statistics that illuminate how women and men encounter different standards and expectations.

- B. Evaluate your own ideas and behavior in this context.

New sensitivity must lead to changes in thinking and behavior. Each of us should carefully examine his or her own ideas for the stereotypes and unfounded generalizations that underlie unwitting gender biased behavior.

- C. Act in ways that show respect for the individual.

We must be particularly vigilant whenever we make evaluations or judgments about others. Such decisions may be informal -- expecting certain behaviors because of someone's gender; judging the intelligence of a speaker without listening to what is being said; determining what someone wants or needs without inquiring. Such decisions may be formal -- faculty evaluations of students (grading, recommendations, advising, scholarship); evaluations of faculty and staff (merit, promotions, grants, job assignments, opportunities); peer judgments (faculty and staff searches and reviews; student elections); student evaluations of faculty; staff evaluations of supervisors and administrators.

- D. Actively discourage those who behave in ways that are gender-biased.

Every member of this community has a responsibility for disapproving, interrupting and disassociating themselves from inappropriate behavior when it is observed, especially among our peers. We can create a positive environment by a clear and strong community consensus that gender biased behavior is inappropriate and unethical.

- E. Actively encourage behavior that is gender sensitive.

Gender is an important part of humanness and we would all be impoverished by rigidly treating everyone alike. Gender can be a source of valuable talents, insights and accomplishments and we seek to appreciate its effect on all of us while preserving equity and fairness.

60. PRIMATE INFORMATION

It is possible for primates to transmit zoonotic diseases to humans. Because of this potential risk, all materials, supplies and instruments used in treating primates must be placed in biohazardous bags. Gloves must be worn when in contact with patient laundry or items of clothing. Scrubs or other laundry must be placed in biohazard bags separately from surgery laundry and should not be placed in community laundry containers, including hampers and buckets. Instruments used with suspect patients should not be placed with laundry. Instruments should be appropriately cleaned and placed in biohazard bags separate from laundry. Biohazard bag(s) must be tied shut before leaving the treatment area and taken directly to Central Preparation. The person delivering the biohazard bag(s) must advise Central Preparation personnel that primate material is enclosed. There are no exceptions to this protocol.

61. PROPRIETARY MEETING SCHEDULING

When faculty, house officers or students are approached by vendors who want to give presentations at the VMTH, these procedures will be followed:

- A. All meetings must be approved in advance and scheduled by the Director's Office personnel.
- B. Faculty who are contacted by vendors with requests for proprietary meetings, including lunch meetings, should have the vendor contact the Director's Office at 532-5708.

- C. Vendors will be responsible for organizing, purchasing and distributing food for students at these meetings.
- D. Scheduling for these meetings should be done as far in advance as possible.

62. QUARANTINE OF ANIMALS

As a general rule, the VMTH does not quarantine animals for any reason. Community law enforcement officers, animal shelters and humane societies do not have authority to require the VMTH to admit an animal for quarantine (including rabies suspects). Exceptions must be pre-approved by the Hospital Director or Hospital Administrator.

63. RABIES QUARANTINE

Riley County Health Department Rabies Quarantine Protocol (effective August 1, 2009.)

A. Human Bites

1. A vaccinated healthy dog, cat or ferret that bites a person should be confined and observed daily for 10 days at home if the animal is current on its vaccinations. A healthy dog, cat or ferret that is not current on rabies vaccinations that bites a person shall be confined and observed daily for 10 days at a local veterinarian clinic. (See Variance of Requirement for Quarantine at an Animal Care Facility below.) Administration of rabies vaccine is not recommended during the observation period to avoid confusing signs of rabies with possible side effects of vaccine administration. They should not be vaccinated until the observation period is finished. Such animal should be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal should be reported immediately to the Riley County Health Department (785-776-4779 ext 243). If signs suggestive of rabies develop, the animal should be euthanized and the head tested. Any stray or unwanted dog, cat, or ferret that bites a person may be euthanized immediately and the head submitted for rabies examination.
2. Other Biting Animals. Other biting animals which might have exposed a person to rabies should be reported immediately to the Riley County Health Department. Management of animals other than dogs, cats and ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, the biting animal's history, current health status, and potential for exposure to rabies. Prior vaccination of these animals may not preclude the necessity for euthanasia and testing.

- B. Post Exposure Rabies Management of Unvaccinated Animals This section refers to any animal exposed to a confirmed or suspected rabid animal. Wild, mammalian carnivores or bats that are not available for testing should be regarded as rabid animals.

Unvaccinated dogs, cats and ferrets exposed to a rabid animal should be euthanized immediately. If the owner is unwilling to have this done, the animal should be placed in strict isolation for 6 months according to the following rules. Rabies vaccine should be administered 1 month prior to release to comply with pre-exposure vaccination recommendations. There are currently no USDA licensed biologics for post-exposure prophylaxis of previously unvaccinated domestic animals, and there is

evidence that the use of vaccine alone will not reliably prevent the disease in these animals. Animals with expired vaccinations need to be evaluated on a case by case basis. Dogs, cats, and ferrets that are currently vaccinated should be revaccinated immediately, kept under the owner's control and observed for 45 days. Any illness in an isolated or confined animal should be reported immediately to the Riley County Health Department. If signs suggestive of rabies develop, the animal should be euthanized and the head tested.

C. Variance of Requirement for Quarantine at an Animal Care Facility. Allowing quarantine of animals under the owner's care is not normal procedure and shall not normally be allowed. However, under certain unusual circumstances, the Riley County Health Officer may allow an animal to remain under quarantine at the owner's home. Such home quarantine shall meet any and all other requirements and will be allowed only under the following conditions.

1. The Health Department designee determines that the owner has proper impoundment facilities and is willing to follow quarantine rules.
2. The victim, the victim's family, or the owner of the animal bitten shall receive and sign for printed material describing rabies and possible outcomes of the disease.
3. The owner of the biting animal (if known) shall receive and sign for printed material describing rabies and possible outcomes of the disease.
4. The owner of the biting animal shall agree in writing to abide by requirements as set down by the Riley County Health Department on quarantine.
5. Caregivers shall be capable of understanding the dangers associated with rabies.
6. Caregivers shall be responsible enough to restrict access to the animal by others and to protect themselves. Persons under the age of eighteen (18) years shall not be allowed to care for animals in quarantine.
7. Receive signed documentation indicating the caregiver has read and understands how rabies is spread and that rabies is fatal once symptoms occur.

D. Housing Requirements for Rabies Quarantine

1. Housing requirements for small animals shall meet the following requirements:
 - a. The cage shall provide sufficient size to allow the humane care of the animal during isolation. Cage size should be based on the length of the isolation period.
 - b. The cage shall be placed in an isolated room, run, or building which does not allow entrance by other people or animals known to carry rabies and which will provide containment in the event the animal escapes from the cage. The outer structure shall be kept locked except when feeding and caring for the animal.
 - c. Small animals shall be placed in a cage which is secure on all sides including walls, floors, and ceiling.

- d. Cage openings shall be small enough that the animal can not bite the caregiver through the cage.
 - e. The cage shall allow easy feeding of the animal without reaching in to the cage or allowing exit of the animal during care. Examples of easy access include:
 - (i). Small lockable swinging doors to which the feeding bowls are attached; or
 - (ii). Small pass through which can be kept locked when not in use. Bowls fixed with chains or cables so that they may be easily retrieved.
 - f. Cage and feeding equipment shall be cleaned by hosing and flushing the cage with an appropriate detergent and disinfectant solution. It shall then be thoroughly rinsed.
 - g. Excrement shall be removed from the outer structure frequently enough to prevent the accumulation of feces and food wastes and to reduce disease hazards, pests, insect, and odors.
 - h. Provide adequate lighting and ventilation.
2. Housing requirements for animals which are too large to be caged.
- a. A containment area or kennel constructed of sturdy chain length fencing shall be selected to provide sufficient size that will allow the humane care of the animal during long-term (6 month) isolation.
 - b. Confinement shall occur in a lot, barn, or building which does not allow entrance by other people and limits access by animals known to carry rabies.
 - c. A second outer structure shall be available or be constructed which will provide containment in the event the animal escapes from the inner structure and to prevent possible exposure to people's hands or fingers. The outer structure shall be kept locked except when feeding and caring for the animal.
 - d. The containment areas shall allow easy feeding of the animal with minimal animal contact and without allowing exit of the animal during care.
 - e. The inner area of the pen and feeding equipment shall be kept clean (where possible by hosing and flushing with an appropriate detergent, disinfectant solution, and rinse water).
 - f. Excrement shall be removed from the pen frequently enough to prevent the accumulation of feces and food wastes and to reduce disease hazards, pests, insect, and odors.
 - g. The pen shall provide adequate lighting and ventilation.
3. In unusual situations, the Riley County Health Department designee has the authority to determine other such standards as may be necessary to protect the safety of the public and their animals.

- E. Animals Found Not to be Quarantined According to the Conditions Set Down by the Health Department (Riley County). Any animal found not to be quarantined in the conditions set down by the Health Officer shall be immediately impounded, at the owners' expense, for the remainder of the required quarantine period or euthanized humanely.
- F. Variance. The Riley County Health Officer shall have the authority to grant exceptions when reliable data is provided which can justify the exception and which will still protect the health and safety of the public and their domestic animals and not create a nuisance. Such information shall be documented in writing.

Quarantine regulations vary by county, so you will need to contact the appropriate health department if the incident did not occur in Riley County.

If there is ANY doubt as to what to do in a possible rabies exposure situation, you may call the **EPIDEMIOLOGY HOTLINE 877-427-7317**. There are trained people available 24 hours per day. If they can't answer your question they will have access to the State of Kansas veterinarian, Ingrid Garrison, or other state veterinarians.

Other Contacts for Rabies Questions:

Riley County Animal Control (785-537-2112). Ask for Dispatch. They will take your information and contact animal control. Make sure you tell the Dispatcher you actually need to speak to Animal Control so you can relay the appropriate message. (If you do not speak to an Animal Control employee, the Dispatcher may think it is a Good Sam pickup.)

Riley Co. Health Department (785-776-4779, ext 243). Chuck Murphy, Director

Geary Co. Health Department (785-762-5788)

Pottawatomie Co. Health Department (785-457-3719)

64. RABIES VACCINE SERIAL NUMBER TRACKING

To enable the VMTH to respond to manufacturer recall of rabies vaccine, the clinician administering the vaccine or his/her designate is responsible to:

Enter the rabies charge in the patient's VetStar record. A pop-up window opens that requires the tag number and vaccine serial number to be entered. If the animal does not require a tag number, you may enter roman numeral "I". The serial number is located on the side of the rabies vaccine bottle.

Enter the vaccine serial number in the patient's medical record on the Case Summary Sheet. The 1ml vials have a sticker that may be removed and placed on the Case Summary Sheet. The 10ml tanks do not have stickers so the serial number must be hand written on the Case Summary Sheet.

To add or change the serial number, type "pt" in the command line in the Client/Patient Screen. Scroll to Rabies and enter or change the serial number. (You can not enter or change the tag number.)

65. RABIES - NEUROLOGICAL SYMPTOMS

- A. Patients (small animal, food animal, equine, exotics) presented to the Veterinary Medical Teaching Hospital with acute neurological signs less than 10 days duration will be managed as follows.
- I. The senior clinician is responsible to assure a list of individuals in contact with the patient and their phone numbers is maintained in the patient medical record. The list should identify personnel as having had “high risk” or “low risk” exposure, based on the CDC guidelines. The guidelines for classification of exposure type published by the Advisory Committee on Immunization Practices state: High-risk rabies exposure includes bite, bodily fluid (open wound) or corneal exposure to saliva, cerebrospinal fluid, and brain. Low risk exposure includes handling the patient or scratch by the patient, with no body fluid or a low-risk body fluid (blood, urine, feces) exposure only. [JAIVIA, 23/30. 2000; 284(8) 1001-1007]
 - II. The senior clinician is responsible to assure all requests to ancillary services and laboratories are clearly marked with a written warning of “rabies suspect”, and verbal and written communication should be performed by a member of the requesting service.
 - II. The senior clinician is responsible to assure all personnel in contact with the patient or the patient’s tissue or bodily fluid wear gloves and that the number of individuals in contact with the patient or the patient’s tissue or bodily fluid is the minimum required to maintain care of the patient.
 - III. Personnel performing cerebrospinal tap or handling an open container of cerebrospinal fluid must wear eye protection in addition to gloves.
- B. Notification to RDVM/client/clinician/student
- I. When the senior clinician is notified by the CVM Diagnostic Lab that an animal has tested positive for rabies, it is the responsibility of the senior clinician to:
 - i. Notify the client in person or by telephone.
 - ii. Notify the referring veterinarian (if applicable) in person or by telephone.
 - ii. Notify students, faculty, staff and/or student workers who may have been exposed to the animal, in person or by telephone.
 - iv. Provide the Hospital Director’s Office with:
 1. The patient’s name and record number
 2. The name and address of the client
 3. The name and address of the referring veterinarian (if applicable)
 4. The names and telephone numbers of students, faculty, staff and/or student workers who may have been exposed to the animal. This list should indicate any student, faculty, staff and/or student workers who were not verbally notified by the senior clinician or their delegated representative.

II. The Hospital Director's Office will:

- i. Send a certified letter to the client (in follow up to the faculty member's conversation with them) advising them the results were positive for rabies and suggesting they contact their physician. If the certified letter is not accepted by them, a second letter is sent by regular mail (per the KSU Attorney's Office on 11/28/2001).
- ii. Send a letter to the referring veterinarian (if applicable) advising them the results for their client's animal were positive for rabies and suggesting they contact their physician.
- iii. Send a letter and copy of the CVM policy on Pre-Exposure Rabies Immunization (<http://www.vet.ksu.edu/handbook/index.htm>) to each student involved, advising them the animal tested positive for rabies, and suggesting they contact Lafene Health Center or their personal physician.
- iv. Send a letter to each faculty, staff member and/or student worker, advising them the animal tested positive for rabies, and suggesting they contact Mercy Health Center. This letter also advises them of the requirement for completion of a Standard Accidental Injury Report if they desire coverage by State of Kansas Workers Compensation.
- v. Copies of all letters are provided to the Hospital Director, Section Head and Human Resource Professional.

C. We strongly recommend rabies prophylaxis for all persons who work with patients in the VMTH.

66. RADIATION SAFETY BADGE PROTOCOL

- A. In accordance with Federal statutes and KSU regulations, all faculty, residents, interns, veterinary technicians and senior students who may be exposed to any type of occupational radiation are required to wear a personalized Radiation Safety Badge. A Personnel Radiation Monitoring Service Request form must be completed to receive a badge. Badges will be personalized by name for radiation monitoring purposes and will be read quarterly. Badges must be worn on the outside of lead aprons.

Radiation badges are distributed to students at the beginning of their rotation, and to faculty and staff when appropriate. Badges are to remain in the hospital at all times, except when radiographs are being taken on a Field Service or Exotics call. Badges are the responsibility of the wearer. Student badges must be returned on the last day of the rotation. Each person is responsible for damage to or loss of their badge while it is in their possession.

Radiation badges will be kept on a peg board in Radiology located outside the office door. The peg board is divided in four sections: Clinicians, Residents/Interns, Senior Students and Veterinary Technicians.

The radiology administrative assistant will inventory the badges on the second day and last day of each rotation. Persons whose badges are missing will be contacted and asked to return them immediately.

If the badge is lost, the responsible party must contact Radiation Safety (532-5856). No grade will be assigned for students until the badge is either returned or the Radiation Safety protocol for lost badges is completed and payment for the lost badge has been received.

B. Radiation Safety Protocol For Lost Badges.

If a badge is lost (not returnable to Environmental Health and Safety), the responsible party will be asked to write a statement that includes how often he/she might have been exposed to radiation (# of days, etc.), the approximate date the badge was lost, how many days he/she worked without a badge, and a statement of where they last remember having their badge. Radiation Safety will review the letter and follow up with further disciplinary action, training, or other issues needed.

C. General Badge Control Procedures

I. Emergency Radiographs (after hours)

- ii. Pick up your badge from the peg board in Radiology.
- iii. Return your badge to the correct section on the peg board in Radiology when finished taking radiographs or assisting in Nuclear Medicine.

II. Field Service Rotations

- i. Pick up your badge from the peg board in Radiology at the beginning of the rotation.
- ii. Provide your badge to field service clinician to be stored in Minxray in field service vehicles.
- iii. Check out badge through field service clinician.
- iv. Return your badge to the correct section on the peg board in Radiology when the rotation is complete.

III. Intra-operative Equine and Agricultural Practices Surgery

- i. Pick up your badge from the peg board in Radiology.
- ii. Return your badge to the correct section on the peg board in Radiology when finished taking radiographs.

67. RADIOLOGY COVERAGE AND SERVICE

Requests for radiographs between 8:00 A.M. and 10:00 A.M. will be honored provided the request comes from a senior clinician. Clinicians should communicate directly with the radiologist rather than sending students or house officers to discuss contentious issues. The Section Head of Radiology will make certain clinicians know which radiologist is on “back-up” to eliminate any difficulty in finding a radiologist when the primary radiologist is busy.

When clinicians need a radiologist’s interpretation between 8:00 A.M. and 10:00 A.M., the radiologist on duty (conducting rounds) should be contacted despite the interruption. Clinicians will strive to limit interruptions to emergency situations.

The radiology technicians will be available to take radiographs beginning at 8:00 A.M. Their primary responsibility is to take radiographs and this task will take precedent over all other tasks. Between 8:00 A.M.

and 10:00 A.M., senior students from other services that submit radiology requests must be available to help technicians take radiographs.

Radiology rotation students will be given one chance to position animals for radiographs. If the radiographs are not satisfactory, radiology technicians will step in and position the animal to expedite the study.

68. RESEARCH AND TEACHING ANIMALS

From time to time, food animals or horses that belong to research projects or courses in the Veterinary Curriculum will be housed in the hospital. The KSU-VMTH assumes responsibility for the care and well-being of these animals and they will become a part of our "Hospital patient population". Unless employed by the research project, senior students are **not** required to conduct research procedures on the research animals. Students may, however, volunteer to help conduct investigations, with the faculty in charge of the project.

69. ROUNDS, MEETINGS AND SEMINAR PAGING PROCEDURES

The following procedures will be followed regarding paging during rounds, meetings and seminars. Always page with *911 for emergencies.

A.	<u>AG PRACTICES</u>	Mon	7:30-8:30 am, Section Meeting
		Tues	8:00-8:30 am, House Officer Seminar
		Mon-Fri	9:00-10:00 am, Student Rounds
		Fri	7:30-8:30 am, FA Medicine Journal Club

Page the AG Practices Veterinary Technician. If they do not respond, page the faculty member on duty. If page is not answered, send call to voice mail using proper protocol.

B.	<u>ANESTHESIOLOGY</u>	Mon-Fri	7:00-8:00 am, Topic Rounds (based on time and caseload)
		Tues	7:30-8:30 am, House Officer Seminar

Page for all calls. If the page is not answered, send the call to voice mail using proper protocol.

C.	<u>CARDIOLOGY</u>	Mon-Fri	9:00-10:00 am, Student Rounds
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Page for all calls. If the page is not answered, send the call to voice mail using proper protocol.

D.	<u>DERMATOLOGY</u>	Tues	7:30-8:30 am, House Officer Seminar
		Thurs	8:00-9:00 am, Derm Biopsy Rounds
		Fri	8:00-9:00 am, Section Meeting

Page for all calls. If the page is not answered, send the call to voice mail using proper protocol.

E.	<u>EQUINE</u>	Mon-Fri	8:00-9:00 am, Student Rounds
		Tues	7:30-8:30 am, House Officer Seminar
		Wed	8:00-9:00 am, House Officer Surgery Rounds
		Thurs.	8:00-9:00 am, House Officer Medicine Rounds
		Fri	8:00-9:00 am, House Officer Morbidity/Mortality Rounds
		Fri	9:00-10:00 am, Section Meeting

Page the clinician on duty if it relates to a clinical case (hospitalized, consultation, or impending referral). Send to voice mail if the call is business related (pharmaceutical company, equipment representative, interview, invitation to lecture, etc).

- F. **EXOTICS**
- | | |
|-----------------|-------------------------------------|
| Mon, Tues, Thur | 8:30-9:30 am, Student Rounds |
| Tues | 7:30-8:30 am, House Officer Seminar |
| Wed & Fri | 7:30-11:30 am, Zoo activities |

Don't page unless an emergency, or a case needing referral the same day. If the page is not answered, send call to voice mail using proper protocol.

- G. **ONCOLOGY**
- | | |
|---------|---|
| Mon | 8:00 – 9:00 am, Oncology Service Meeting |
| Mon-Fri | 9:00-10:00 am, Student Rounds |
| Tues | 7:30-8:30 am, House Officer Seminar |
| Wed-Fri | 8:00-9:00 am, Oncology Journal Club/Resident Review |
| Fri | 1:00-2:00 m, Oncology – Pathology Rounds |

Don't page unless an emergency. If the page is not answered, send the call to voice mail using proper Protocol. If it is a client calling, page the oncology technician.

- H. **OPHTHALMOLOGY**
- | | |
|---------|-------------------------------------|
| Mon-Fri | 8:30-9:30 am, Student Rounds |
| Tues | 7:30-8:30 am, House Officer Seminar |

Page for all calls. If the page is not answered, take a written message and put on their message board.

- I. **PET HEALTH CENTER**
- | | |
|---------|--|
| M,T,W,F | 8:00-9:00 am, Student Topic Rounds |
| Tues | 7:30-8:30 am, House Officer Seminar |
| Wed | 7:30-8:30 am, Journal Club (House Officers) |
| Thurs | 8:00-9:00 am, Student Topic/Communications Rounds |
| Thurs | 7:30-8:30 am, Morbidity and Mortality Rounds |
| Fri | 8:00-9:00 am, Section Meeting and/or House Officer Board Reviews |

Page requested clinician for emergency/urgent calls. Page primary clinician for other urgent/emergency calls. Send all other messages to PET HEALTH voice mail using proper protocol so they can be returned promptly after rounds.

- J. **RADIOLOGY**
- | | |
|----------|---------------------------------------|
| M,W,Th,F | 8:00-9:30 am, Resident/Student Rounds |
| M-F | 9:30 until finished, Resident Rounds |
| Tues | 8:30-10:00 am, Student Rounds |

Transfer call to a technician in Radiology (2-4171)

K.	<u>SA MEDICINE</u>	Mon-Thur	8:30-9:30 am, Case Rounds
		Tues	8:00-8:30 am, House Officer Seminar
		Wed	7:30-8:30 am, Journal Club
		Thur	7:30-8:30 am, Morbidity/Mortality Rounds
		Fri	7:30-9:00 am, Board Review and Section Meeting
		Fri	9:00-10:00 am, Case Rounds

Don't page unless an emergency or a case needing referral the same day. If the page is not answered, send the call to voice mail using proper protocol.

L.	<u>SA SURGERY</u>	M-F	8:30 – 9:30 am, Student Rounds
		Tues	7:00-8:30 am, House Officer Seminar
		Wed	7:30-8:30 am, Resident Rounds
		Thur	7:30-8:30 am, Surgery Journal Club

Page for all calls. If the page is not answered, send the call to voice mail using proper protocol.

70. SAFETY

Students who are unfamiliar with the temperament or habits of an animal, and the equipment required to handle them, should ask for help.

71. SEMEN STORAGE FOR EQUINE INSEMINATION

Clients who ship semen to the Kansas State University Veterinary Medicine Teaching Hospital in preparation for insemination of a mare at this facility do so at their own risk. The VMTH accepts and holds semen in these instances solely as a convenience for the client. The VMTH does not charge a fee for this courtesy.

Clients who ship semen to the VMTH in preparation for insemination remain the owner of and retain liability for the semen regardless of the volume shipped or the value of the shipment. Kansas State University does not assume responsibility for the stored semen relative to insuring against or paying for loss.

72. SMALL ANIMAL INTERN EMERGENCY DUTIES

A. Emergency Duties. Small animal interns are assigned to emergency duty for one week periods on a rotating basis. The assigned intern will remain in the VMTH building during the following times.

I. Saturday:

8:00 AM to 11:30 AM

8:00 PM to 8:00 AM Sunday morning

3:45 PM & 11:30 PM Saturday & 7:15 AM Sunday morning (ICU Shift Change)

Noon and 8:00 PM (ICU Evaluations)

II. Sunday:

8:00 PM to 9:00 AM Monday morning

3:45 PM & 11:30 PM Sunday & 7:15 AM Monday morning (ICU Shift Change)

Noon and 8:00 PM (ICU Evaluations)

III. Monday – Thursday:

5:00 PM - 9:00 AM the following morning
7:15 AM & 11:30 PM (ICU Shift Change)

IV. Friday:

5:00 PM - 8:00 AM Saturday morning
7:15 AM & 11:30 PM Friday & 7:15 AM Saturday morning (ICU Shift Change)

The intern on Saturday emergency duty must be in the building to receive emergencies and overflow walk-in cases between 8:00 AM and 11:30 AM. The intern will also oversee all ICU Shift Changes and ICU Evaluations to assist with orientation of the students to ICU and the patients they will be caring for. The student leaving ICU will review each patient (current problems, ICU orders, potential complication, etc) with the entering student. The intern will be present to help in this process assuring that each student has a clear understanding of their responsibilities for each patient and how to use the ICU equipment (fluid pumps, manometer for measuring CVP, etc). During each shift change the intern will examine each patient to be sure the ICU orders are being followed, patients are being kept clean and as comfortable as possible and that catheters, tubes, etc. are appropriate.

B. “On Call” Duty. Assigned Interns will be “on-call” during the following times:

I. Saturday:

11:30 AM to 8:00 PM

II. Sunday:

8:00 AM to 8:00 PM

When small animal interns are not required to physically be in the VMTH, they are “on-call”. “On-call” implies that the intern is immediately reachable by telephone or pager and that the intern can be in the hospital in 15 minutes or less. Interns are encouraged to live in the Manhattan area to ensure proper emergency response time.

C. Back up Support. Interns on emergency duty are supported by a back up resident or clinician assigned from each hospital service. Residents on emergency backup-duty are also assigned a faculty back-up from their respective service. Interns vary in their need for resident/clinician assistance, however as a general rule, the backup resident/clinician should be called for consultation on every emergency case the intern manages. The section may approve a less-stringent backup-policy depending on the experience and competence of the intern.

73. **SMOKING/TOBACCO REGULATIONS**

The KSU-VMTH has been designated a **Smoke & Tobacco Free Area**. This is to be enforced in all areas of the hospital.

74. **SOCIAL NETWORKING WEBSITES**

Posting of material related to veterinary clinical service, teaching or research on social networking sites is unprofessional and may pose a serious threat for the CVM and its personnel. Pictures of animals (whether

university- or client-owned), patient information, and details relating to classes and laboratories, work in the Veterinary Medical Teaching Hospital, or externship experiences are strictly forbidden from being posted on Facebook, MySpace, blogs or any other internet website without specific approval from the dean or an appropriate administrator responsible for the activity in question (e.g., department head, director of the Veterinary Medical Teaching Hospital, or director of the K-State Veterinary Diagnostic Laboratory). Failure to comply with this policy will result in disciplinary action, including potential dismissal from the DVM educational program or termination of employment.

75. SPECIALTY PRICING (AGRICULTURAL PRACTICES)

- A. Exam Fees will be charged for any services/procedures not listed below and for patients not seen in the last twelve months. Sick animals that are treated individually must have their own record and charges including an exam fee, entered under that record number in VetStar, unless it is an exception listed below.
- B. Recheck Fees will be charged for the following services/procedures:
 - I. Bandage Change after initial exam Z1109, Z1110, Z1111
 - II. US Preg Dx, Bov after initial exam R1238
 - III. Patients that have been seen at the VMTH or by F/S and are seen again within 1 year for the same reason E1151, C1152, C1153
- C. Record Fees will be charged for LA Accompanying H1057 only.
- D. Euthanasia Fees
 - I. Inpatients

An exam fee, euthanasia solution, and other appropriate supplies/services will be charged for inpatient euthanasia.
 - II. Outpatients/Field Service Patients

If the visit is for euthanasia only, E1186 Euthanasia FA Outpatient/Field Service fee, euthanasia solution, supplies and a trip fee (if it is a field service visit) will be charged. If the visit is for any reason other than euthanasia, an exam fee, E1186 Euthanasia FA Outpatient/Field Service fee, euthanasia solution, supplies and a trip fee (if it is a field service visit) will be charged.
- E. No Exam, Recheck or Record Fee

There will be no exam, recheck or record fee charged for the following services/procedures:

 - I. Caesarian FA S1511, S1512
 - II. Consulting Prod Med Y1018, Y1019, Y1037, Y1038
 - III. Dystocia Z1238, Z1234
 - IV. FA Breeding Soundness Z1081, Z1086, Z1251, Z1575, Z1576, Z1082, Z1083, Z1085, Z1084

- V. FA Foot Trims Z1458, Z1416, Z1417, Z1418, Z1149, Z1150, Z1225
- VI. FA Health Certificate Z1253, Z1254, Z1255, Z1073, Z1074, Z1287, K1077
- VII. Herd Visits
- VIII. Necropsy L1098, L1099, L1100, L1191, L1102, L1103, Z1592
- IX. Process Cattle Z1147, Z1148
- X. Prolapse, Rectal S1629, S1630, S1631
- XI. Prolapse, Uterine S2013, S2014, S2015
- XII. Prolapse, Vaginal S1540, S1541, S1542
- XIII. TB Test J1008
- XIV. US Carcass Setup Fee R1315
- XV. US Carcass Scan/hd R1314

The charge for lidocaine blocks is included with these services/procedures.

F. Bovine Group Processing (In Hospital)

When a client presents with five or more bovine for vaccination, deworming, routine calf dehorning (Z1429, Z1131 & Z11342), routine calf castration (S1552 & S1553), ear tagging, growth implants (P1223), age estimate (mouthing) and pregnancy checks for heifers (Z1087), Large Animal Desk personnel will set up one herd record. A record fee plus other procedures performed will be entered in VetStar.

Example: 1 record fee, 12 castrations, 12 vaccinations, etc.

When a client presents with less than five bovine for vaccination, deworming, routine calf dehorning, routine calf castration, ear tagging, growth implants, age estimate (mouthing) and pregnancy checks for heifers (Z1087), Large Animal Desk personnel will set up one herd record. A record fee plus other procedures performed will be entered in VetStar.

Example: Animal #1: 1 examination fee, 1 castration, 1 vaccination, etc.

Animal #2: 1 examination fee, 1 castration, 1 vaccination, etc.

Animal #3: 1 examination fee, 1 castration, 1 vaccination, etc.

76. STEM CELL PROCEDURES

Clients sometimes request clinicians obtain stem cells from their animals. Because of the cost involved, the client must pay for this service before it is provided. VetStar code Z1699 Stem Cell Package will be entered in VetStar on the client account for this purpose.

77. STERILIZATION PROTOCOL

All item(s) brought to Central Preparation for sterilization must be free of blood, tissue and hair. Items from isolation or infectious animals must be placed in biohazardous bags at the point of use. Biohazardous bags must be tied shut and not more than 3/4 full.

ALL ITEMS MUST BE DRY!

Items must be separated for steam vs. gas sterilization as follows:

Steam

Instruments - metal

Laundry

Bell IV's

Rope

Gas

Plastic instruments

Clippers

Extension cords

Nylon halters

Please notify Central Preparation personnel that you have brought items for sterilization.

78. STUDENT DISABILITIES

Students with disabilities may acquire accommodations as follows:

"If you have any condition, such as a physical or learning disability, which will make it difficult for you to carry out the work as outlined or which will require academic accommodations, please notify the Department Head as soon as possible. Students should also notify their Section Head at the beginning of each rotation.

If you or faculty have questions about the Americans with Disabilities Act (ADA) or KSU's responsibilities for compliance please contact the Department Office.

79. STUDENT PARKING

Student parking is restricted to the general parking lot located directly to the East of Trotter Hall. The client parking areas and the animal receiving areas are to be kept free for their intended purposes. Parking is permitted in the parking lot west of the VMTH between the hours of **5:00 PM and 7:00 AM only**. However, the client parking and emergency drive areas should remain available for client use.

80. STUDENT SELF HELP LAB

Absolutely **NO** food or drinks in the lab.

All specimens, including slides, must be labeled with your name, client's name or #, and the date. Any unlabeled or improperly labeled specimens will be subject to immediate disposal.

All spills, drips, and messes must be cleaned up immediately. Contaminated spills must be disinfected! Do not allow paint, Sheather's solution, etc. to dry on the counter.

DO NOT put plastic pipettes, paper towels, or plastic tubes in the sharps containers. They are for glass, needles, and sharps ONLY. Other contaminated materials, including pipettes and plastic tubes, must go in the biohazardous bin located to the left of the counter, NOT IN THE TRASH!

Please throw away used plastic tubes, specimen containers, and so forth. Please thoroughly clean/disinfect fecal loops and reuse.

There are two dry objective and one oil objective microscopes available. Immersion oil MUST NOT be used on the dry objective microscopes. You need to clean the oil objective microscope after each use. There are signs in the lab indicating the type of microscope.

Please place clay paws on the shelf when you are not working on them and leave the counter open for others to use. Please complete patient information on the label on the plate for identification purposes. Please work on the covered countertop.

Please rinse paint brushes thoroughly when finished.

81. TELEPHONE CALLS

- A. **Client:** Telephones are for hospital business and should not be used for personal business. The Hospital Business Office receives and reviews a printout of all long distance calls. Students are required to complete and sign a Long Distance Call Certificate each month and pay the Business Office for any personal calls. Students will be paged for incoming client calls. If they do not respond, messages will be left in their mailboxes. **Check your mailboxes regularly.** Students must use their assigned code for long distance calls.
- B. **Personal:** Calls should be made from the pay telephones in the basement of Trotter Hall. If you are expecting an emergency call, please notify the desk.

82. TELEPHONE CONVERSATIONS WITH CLIENTS

The senior clinician is to authorize all telephone conversations with a client concerning a patient under his/her care. The senior clinician may authorize a staff member, house officer, or veterinary student to speak to a client. In all instances, the senior clinician should give specific instructions on what is to be discussed with the client.

If a client calls about their animal in the VMTH and if the senior clinician is not available to speak to the client and has not left instructions for discussing the case with the client, the following procedures are to be followed by all desk personnel.

- A. The client is to be reassured that the senior clinician will be notified of their call as soon as possible.
- B. The house officer or a veterinary student familiar with the case is to respond to the call, and are to report upon only the general condition of the patient.
- C. If the condition of the patient is deteriorating or if the patient is likely to die within a short period of time, every effort must be made to contact the senior clinician or section head who will arrange for a timely contact with the client.
- D. In all instances, **all conversations with the client are to be documented in the Client Communication screen in VetStar** (time, date, and substance of telephone conversation).

- E. In all instances, the senior clinician is to be advised as soon as possible of any telephone conversations concerning any of his/her cases.

83. TORNADO WARNING

- A. When an official tornado “warning” (not a “watch”) has been issued for the Manhattan area, Campus Police should notify the Small Animal Discharge/Emergency Desk personnel of the “warning” and provide the expiration time of the “warning”, if known. If the weather appears to be severe and the Campus Police have not called the VMTH, Small Animal Discharge Emergency Desk personnel will call them to determine if there is an official “warning” in effect. If there is an official warning and Campus Police do not know when the “warning” will expire, they will send someone to the basement of Trotter Hall when it is safe to issue an “All Clear” message. If the “warning” occurs after hours, Campus Police will also unlock the doors to Trotter Hall. (Confirmed with CPT Richard Herman at KSU Policy Department 10-6-06).
- B. When Small Animal Discharge/Emergency Desk personnel are alerted to a tornado “warning”, they will make the following announcement on the overhead paging system for the first and second floors of Mosier Hall.

May I have your attention please? A tornado “warning” has been issued for the Manhattan area. For safety reasons, it is suggested that you proceed to the basement of Trotter Hall and remain there until the “warning” expires or Campus Police send someone to issue an “All Clear” message.

- C. Small Animal Discharge/Emergency Desk personnel should then direct clients and Jardine Terrace residents to follow them to the basement of Trotter Hall via the underground tunnel between Mosier Hall and Trotter Hall. The basement of Trotter Hall is available as a shelter for all Jardine Terrace residents and the Veterinary Medical Complex. Small Animal Discharge/Emergency Desk personnel are responsible to lock the cash boxes in the Cash Drawer and take the Cash Drawer key with them until the “All Clear” message is issued.
- D. Abandoning critical patients in ICU or patients in surgery is a decision that is made by the clinician on duty.
- E. Other faculty, house officers, students and staff in the VMTH should:
 - I. Secure patients in cages or stalls.
 - II. Direct clients or guests to follow you to shelter.
 - III. Proceed directly to one of the underground tunnels between the Veterinary Complex Buildings or to Trotter Room #2.
 - IV. Stay in the shelter until you hear an all clear message.

84. TRANSFER OF OWNERSHIP PROTOCOL

Change of ownership of a patient does not automatically include transfer of previous medical record information. In order for a new owner to obtain copies of previous medical records, the KSU-VMTH Transfer of Ownership form must be completed and signed by both the previous and new owner. If a patient is transferred multiple times, only the current owner must sign the Transfer of Ownership form. An Adoption form must be

completed and approved by the Hospital Director prior to transfer of medical record information for donated animals proposed for adoption.

Responsibility:

It is the responsibility of the client to obtain appropriate signatures.

It is the responsibility of KSU-VMTH desk and/or medical record personnel to effectively explain the transfer policy and provide the Transfer of Ownership form to the client.

When individuals call in requesting a patient be transferred to a different account (divorce, married, separation), they should be advised that we require the signed Change of Ownership form before we can actually transfer the medical record information. Ideally, they would complete the form and return it to us prior to scheduling an appointment for the patient.

When individuals call in to schedule an appointment, and then realize they need to have the patient transferred, desk personnel should explain the transfer of ownership protocol and send the appropriate form for completion prior to presenting for their appointment. If they cannot provide the completed form, the patient will be registered under the new owner and assigned a new medical record number. No medical history will be transferred.

There may be instances in which medical record/desk personnel find it easier to make a phone call to the previous owner and obtain phone consent for the patient to be transferred to the new owner. In these cases, medical record/desk personnel must document the date/time of the conversation, the name of the individual they spoke to consenting to transfer, and sign their name on the Transfer of Ownership form. (Example: 9/23/03, 1:00 P.M. phone consent received from John Doe to transfer Cuddles to Sue Smith/RBerggren). Only VMTH medical record/desk personnel are authorized to obtain phone consent from the previous owner.

Under no circumstance should VMTH personnel provide previous registration information or medical history to new owner without the written consent of the previous owner.

Questions or unique situations should be directed to the Director of Client Services for evaluation and resolution.

85. USE OF COLOR PRINTER IN COMPUTER OFFICE

The color printer in the Computer Services Office (E-111) is networked to allow public access. The printer has this identifier: VET_NEDPSE111HPC_P.Vetmed

This printer is to be used exclusively for VMTH or DCS business. Do not send personal material, pictures, etc. to this printer. The printer is costly to operate and your consideration is appreciated.

86. VACCINATION OF SMALL ANIMALS BY LARGE ANIMAL CLINICIANS

When a client requests vaccination of their small animal pet by a Large Animal clinician on a field service call the following procedures will be followed:

A. Clinician Responsibilities.

- I. Create a field service case summary/client consent form.

- II. Examine the animal, document the exam and the vaccination(s) given.
- III. The clinician will record the rabies lot number and rabies vaccine serial number on the patients Case Summary sheet. The 1 ml vials have a sticker that may be removed and placed on the Case Summary Sheet. The 10 ml tanks do not have stickers so the serial number must be hand written on the Case Summary Sheet.

B. Desk Personnel Responsibilities.

- I. Enter the charges and rabies vaccine lot, rabies serial number and rabies tag number in VetStar. If the animal does not require a tag number, enter roman numeral "I".
- II. Enter VetStar Code E1192 Exam FA F/S SA Vaccine or E1193 Exam Eq F/S SA vaccine depending on which service made the call.
- III. To add or change the serial number, type "pt" in the command line in the Client/Patient Screen. Scroll to Rabies to enter or change the serial number. (You can not change the tag number.)
- IV. Medical Records Personnel Responsibilities. Medical Records will count the statistic as "Field Service - Other"

87. VACCINATION OF WILD-DOMESTIC MIXED-BREED OR WILD ANIMALS

On November 3, 2003, KSU Attorney Richard Seaton advised the Kansas Department of Health and Environmental regulations require the immediate sacrifice of a cross-bred animal in any rabies investigation. Kansas regulations also prohibit immunization of skunks, coyotes, raccoons, foxes "and other wildlife mammals known to be involved in the transmission of rabies".

With that understanding, Attorney Seaton has approved the use of Medical Record form 18.5 entitled "Consent for Rabies Vaccination for Wild/Domestic Mixed - Breed or Wild Animals" and issuance of a rabies tag and certificate, when vaccinating wild/domestic mixed breeds or wild animals. The clinician vaccinating the mixed breed/wild animal is required to have the owner sign the consent form, witness their signature and provide the form to medical records personnel with the record. Forms will be stocked in the Pet Health Center, Zoological Medicine Ward and Medical Records.

If an owner refuses to sign this form or refuses to accept all conditions included on the form, the clinician is not authorized to vaccinate the animal for rabies. The clinician is responsible for confirming that this form has been signed prior to vaccinating the animal.

88. VETSTAR COMPUTERIZED HOSPITAL MANAGEMENT SYSTEM

You are required to review VMTH tutorials prior to your arrival in clinics. Please see page 1 for the websites for the VMTH Tutorials.

The KSU-VMTH implemented a new policy for VetStar on January 12, 1998. This new policy will not allow users on the system from 11:50 P.M. until 2:00 A.M. daily. During this time, the system is running End of the Day reports and performing a back up. If you are already logged in, the system will boot you out. If you try to log in, the system will not allow you to do so. Tic sheets will be used during these hours until the system is back up and running and are available at the Small Animal Discharge/Emergency Desk. Admitting during these hours will be

done on CLIENT SIGN-IN SHEETS by the Small Animal Discharge/Emergency Desk Personnel. This will be done on both “old and new” clients. If you have any questions, please contact VetStar personnel.

89. WOLF AND WOLF HYBRID TREATMENT POLICY

The Veterinary Medical Teaching Hospital provides medical care for wolves and wolf hybrids. These patients should be scheduled through the appropriate small animal medicine or small animal surgery service depending on the presenting complaint. The exotic animal medicine service will be contacted by the receiving service if consultation is required.

ABSENCES, EMERGENCY/ICU DUTIES, LEAVE

1. ABSENCE OR TARDINESS

Students are expected to be ready for class or clinical duty at the specific time assigned. In the case of illness or extreme personal emergency, the student must notify the faculty member in charge of the rotation **and the Department Office** (532-4890) that they will be absent from duty. Make-up of clinical assignments missed because of absence may be required by the faculty member in charge of the rotation. Personal leave will not be approved for more than one day during a 2-week rotation or more than 2 days during a 3-week rotation without making up missed work days at a later time. Personal leave will not be approved during 2-week rotations that include official holidays without making up missed work days. Personal leave will not be approved for 3-week rotations in which the total absence (official holiday(s) and personal leave) exceeds 2 days without making up missed work days at a later time. Grades will not be reported until make-up days are completed. In some instances, an Incomplete may appear on a semester transcript.

Persistent tardiness or absenteeism will be reviewed by the Department Head and faculty, and may result in suspension from Hospital assignment. Persistent tardiness or absenteeism will result in either an incomplete (I) or failing (F) grade for the rotation.

Senior students are expected to report to assigned areas, in uniform, in accordance with Section schedules.

2. EXCUSED ABSENCES

A. Please follow these steps when requesting approved leave.

1. Obtain a 4th Year Student Leave Request Form from the Department Office (see Appendix III). If you are scheduled for duties on the dates you are requesting leave, you must find a replacement. You will need to provide the name(s) of the person(s) taking your duties during your absence to the Department Office in order to obtain a Leave Request Form. Please review personal leave guidelines for 2 & 3 week rotations before obtaining the leave forms.
2. Obtain the signature of the faculty member in charge of the rotation **and** Section Head. By signing, they are indicating that it is permissible for you to be absent on the date(s) indicated. The Department office will indicate make-up requirements if necessary on the form. Grades will not be reported until make-up days are completed. In some instances, an Incomplete may appear on a semester transcript. Failure to complete make-up work will result in a failing (F) grade. If the faculty member in charge of the rotation feels that your absence will hamper the functioning of the remaining group, or you have already been out for 5 days, he/she has the right to refuse permission for your absence.
3. **Return the form to the CS Department Office.**
4. Leave is not approved until the faculty member in charge of the rotation, Section Head and Department Office have signed your form.
5. The Department Office will forward a copy of the form to the Associate Dean's Office for final approval. No more than five days of leave will be granted during the year. **These days are to be used only for valid, important reasons (i.e. job interviews, house hunting, sickness, etc...).**

3. STUDENT EMERGENCY/ICU DUTY

- A. Senior students will have after-hour emergency/ICU assignments in the following sections: Agricultural Practices, Anesthesia, Diagnostic Medicine, Equine, Radiology, Small Animal Medicine and Small Animal Surgery. The following applies to emergency duty.
 - I. See section specific protocols for exact duty times/shifts.
 - II. When students are **"On Call"**, they are required to provide their telephone and pager numbers to Small Animal Discharge/Emergency Desk personnel prior to their shift and always be available by telephone. If students are called in to participate in an emergency, they are expected to be at the hospital within 15 minutes.
 - III. Students must always advise the faculty member in charge of the rotation and/or Section Head and Department Office immediately (in advance if possible) if for any reason they cannot be available for their assigned emergency/ICU duty, and students are required to find a substitute for their emergency duty. All duty changes must be submitted and approved in the **Department Office** between the hours of 8 A.M. - 12 noon and 1 P.M. - 5 P.M. Monday through Friday. **No duty changes may be made at the Small Animal Discharge/Emergency Desk after hours except in the case of extreme illness/injury or personal emergency. In these cases, the Department Office must be notified the next working day by the student.**

FOURTH YEAR CURRICULUM

1. GENERAL OBJECTIVES

The following is a suggested list of objectives to guide your activities and commitment during your assignment in the VMTH.

- A. Obtain a thorough history in a manner that instills client confidence, establishes rapport with the client, and manifests concern for their time, convenience and problems.
- B. Perform a complete physical examination in a systematic way and use appropriate techniques in the diagnostic work-up.
- C. Recognize clinical signs, consider possible causes and develop a plan for appropriate tests and procedures.
- D. State appropriate rule-outs and differential diagnoses for all identified problems.
- E. Propose therapeutic plan based on medical and economic principles.
- F. Develop concern for, and awareness of, the welfare and comfort of the patient.
- G. Provide professional service to the public and for the advancement of the veterinary profession.

2. COURSE INFORMATION

A. Courses required:

Clinical Anesthesiology

3 weeks

Clinical Small Animal Orthopedic Surgery	3 weeks
Clinical Small Animal Soft Tissue Surgery	3 weeks
Diagnostic Medicine	3 weeks
Equine Medicine or Equine Surgery	2 weeks
Equine Field Service	2 weeks
Food Animal Local Practice	2 weeks
Food Animal Medicine & Surgery	2 weeks
Ophthalmology	2 weeks
Primary Care Externship	2 weeks
Small Animal Internal Medicine	3 weeks
Small Animal General Medicine	3 weeks
Vet Diagnostic Imaging I (Radiology)	3 weeks
Electives	12 weeks

The fourth year curriculum is based on approximately 52 weeks per year with 9 rotations; rotations being either 2, 3, or 4 weeks in duration. The core courses will occupy 33 of the 52 week year. The remaining 19 weeks are to be used for 12 weeks of required electives/externships and vacation.

B. Externships for Kansas State University credit:

To receive approval for externships, the approval forms can be located at <http://www.vet.ksu.edu/depts/ClinicalSciences/externships/approval.form.asp>. For summer rotations (1&2), primary care externships and externships need to be approved by the externship committee by Friday, May 7. For fall rotations (3-5), the deadline is July 30, and for the spring semester, the deadline is by December 3. To receive credit for externship experiences, evaluation forms (student and clinicians) must be completed and submitted through the one45 system. Generally to receive credit for an externship, it should be a unique, high-quality experience that builds/adds to your education at K-State. One credit externships (one week in duration) are normally not approved unless the experience is at a Humane Society. Information regarding specific externships is available in the Department office.

Students can obtain liability insurance from the AVMA for a reasonable cost (\$10) to cover them while they are on externship or mentorship. The application form can be located at: <http://avma.org/noah/members/savma/intervet/Files/Opportunities/105>.

If the externship clinician deems the student's performance is unsatisfactory, students will receive "no credit" or "incomplete", depending on the recommendation of the supervising clinician and circumstances of the externship experience. Immediate dismissal from the DVM program will occur if the student earns "no credit" for an externship experience.

Rotational experiences to remediate unsatisfactory externship credit hours will be determined on a case-by-case basis at the discretion of the Head of the Department of Clinical Sciences.

C. Drop/Add:

Dropping Electives

Students may "drop" a rotational elective through the Department Office 3 weeks prior to the start of the rotation as long as the "drop" does not reduce the number of students enrolled below the minimum required. However, if the elective rotation requires ICU/emergency scheduling, dropping these electives (i.e. supplemental electives) must be requested at least 8 weeks prior to the beginning of the rotation.

This policy does NOT apply to Exotics and/or MidWest Vet (to drop this course you must identify a

peer to take your place and request consent of the Department Office). If a student requests to drop a rotational elective after the 3 week date, a student may drop if he/she provides a peer replacement. If the student is unable to locate a peer replacement, a written request must be submitted to the Department Head explaining the reasons for making this request. The Department Head will review the circumstances and a decision will be made on a case by case basis with consideration of the minimum and maximum number of students, and the effects the drop has on the ICU/Emergency schedules.

Adding Electives

Seniors may add an elective rotation 3 weeks prior to the start of the rotation as long as the maximums haven't been met and as long as the elective does not require ICU/emergency scheduling. If the elective includes ICU/emergency duties, notification is required 8 weeks prior to the start of the rotation in order to add the elective.

D. Orientation Times:

The following is a list of orientation times for the 1st day of a rotation:

Agriculture Practices	-	8:30 A.M., Ag Conference Room
Anesthesiology	-	7:00 A.M., Anes Conference Room
Cardiology	-	9:00 A.M., Cardio Room B-106
Clinical Equine Therio	-	TBA - contact Dr. Maria Ferrer
Dermatology	-	8:00 A.M., SAM Conference Room <u>on Tuesday</u>
Diagnostic Medicine	-	8:30 A.M., L209, 2nd Floor Mosier
Equine	-	8:30 A.M., Equine Conference Room
Exotics	-	8:00 A.M., Exotics Conference Room
Laboratory Animal Med.	-	8:00 A.M., Coles 103 (main LAR Office)
Oncology	-	8:00 A.M., Dispensary
Ophthalmology	-	8:30 A.M., Conference Room (E102A)
Pet Health	-	8:00 A.M., Pet Health Center
(Small Animal General Medicine)		
Radiology	-	8:00 A.M., Rad. Conference Room
Small Animal Internal Medicine	-	8:00 A.M., SAM Conference Room
Small Animal Surgery	-	8:00 A.M., SAS Conference Room

ACADEMIC POLICY

Your official professional academic record is used to evaluate your progression to graduation. Students not meeting requirements for progression and/or graduation will be informed of their status by the Dean or his/her designate.

Grades assigned follow the guidelines of the Kansas State University Undergraduate Catalog and are described as follows:

- A = signifies excellent performance.
- B = signifies good performance.
- C = signifies fair performance.
- D = signifies poor performance.

- F = signifies failure to perform at a passing level.
- I = signifies required work has not been completed.
- CR = signifies satisfactory performance in non-graded courses.
- NC = signifies non-satisfactory performance in non-graded courses.

The responsibility to assign grades is left solely to the course coordinator of each course.

1. **ACADEMIC DISMISSAL**

Immediate dismissal from the DVM program will occur if:

- A. The student earns a grade of “F” or “NC” in any course in the professional curriculum.
- B. The student earns:
 - I. more than one “D” in any single semester
 - II. more than one “D” in any two consecutive semesters in which he/she is enrolled
 - III. more than one “D” in any three consecutive semesters in which he/she is enrolled
 - IV. more than 2 “Ds” during the professional curriculum.**
- C. The student neglects his/her academic and/or professional responsibilities at any time. These responsibilities include, but are not limited to, required attendance in lectures, laboratories, discussion periods, patient care, rounds, ICU and emergency duties, and other activities where participation is deemed by the faculty as an essential part of the professional student’s educational experiences.

2. **INCOMPLETES**

When a student is assigned an Incomplete in a professional course, a letter with copies to the Associate Dean for Academic Programs and the Department Head will be sent immediately by the course coordinator to the student defining the requirements for removal of that Incomplete. Any student who has not removed such an Incomplete by the beginning of the succeeding semester will be dismissed. Exceptions to the above policy are as follows:

- A. Sixth semester third year students must makeup all Incompletes by the first day of the next immediate fall semester. No student may continue into the fall semester of the fourth year curriculum with an Incomplete.
- B. Fourth year students who have received an Incomplete must complete the required work within one calendar year and prior to receiving his/her diploma.
- C. In the case of illness or other personal emergencies, the Academic Standards Committee may recommend exceptions to these policies.

3. **REQUIREMENT FOR GRADUATION**

To be eligible for graduation with the degree, Doctor of Veterinary Medicine, each professional veterinary student must earn a "C" or higher or "CR" in all professional courses.

4. **REQUIREMENTS FOR PROGRESSION TO EACH SUCCEEDING SEMESTER**

To be eligible for progression to each succeeding semester of the first three years and to begin the fourth year of the professional veterinary curriculum, each student must have earned no grade below a "C" during the past semester.

A student not meeting the requirement for progression must retake all professional courses in which a grade of "D" was earned and any other recommendations made by the Academic Standards Committee and approved by the Dean. Faculty members may request variances from this policy by petitioning the Academic Standards Committee. The Academic Standards Committee may recommend to the Dean that a variance be granted. The Dean will decide whether a variance will be allowed.

5. **REQUIREMENTS FOR REINSTATEMENT**

Following dismissal from the professional degree program a student may petition the Academic Standards and Readmissions Committee for readmission. The petition should be addressed, in writing, to the Associate Dean for Academic Programs. The Associate Dean for Academic Programs and the Chair of the Academic Standards and Readmissions Committee will serve as a preview panel to review the petition and determine if (i) the petition should be forwarded directly to the Academic Standards and Readmissions Committee for review/recommendation to the Dean, or directly to the Dean with a recommendation that the petition not be considered further, (ii) additional information is needed from the dismissed student, or (iii) if review and input is needed from others (e.g., Student Board of Ethical Behavior, Disability Support Services, psychologic or psychiatric professionals, the Office of Affirmative Action, and others deemed appropriate by the preview panel). If additional information from the student or review/input from others is requested, the preview panel will review the information received and determine if (I) the petition should be forwarded to the Academic Standards and Readmissions Committee for review/recommendation to the Dean, (II) Recommend to the Dean that a readmission decision be made by him/her based on input from qualified professionals, or (III) recommend directly to the Dean that the petition not be considered further. Based on recommendations received from either the Committee or the preview panel, the Dean may or may not readmit a student who has petitioned for readmission. The Dean's decision will be final within the University. Any student readmitted must retake all courses from the previous semester or clinical rotation in which a "D", "F", or "NC" was earned and satisfactorily complete any other recommendations made by the Academic Standards and Readmissions Committee that are approved by the Dean.

(Effective September 16, 2005, revised October 13, 2008).

6. **ACADEMIC GRIEVANCE PROCEDURES**

The following procedures will be employed to resolve all grade appeals and other academic grievances by all veterinary students.

- A. All grievances should be initiated promptly and, in any event, before the start of the next semester or summer session following the semester or summer session out of which the grievance arose.
- B. Students who feel they have been given an unfair grade or treated unjustly in some aspect of academic work should first consult the faculty member(s) involved to resolve the matter.

- C. For matters that have not been satisfactorily resolved with the faculty member, a student may file a written grievance with the appropriate Department Head. The Department Head will promptly arrange one or more meetings with the student and the faculty member to attempt to resolve the matter. At the meeting(s) both the student and faculty member will have a full opportunity to state their views regarding the grievance and an opportunity to present any relevant written documentation concerning the grievance. At the request of the student or the faculty member, the Department Head will also interview other individuals having pertinent knowledge of the grievance. On the basis of the information presented, the Department Head will attempt to arrive at a resolution that is agreeable to both parties. The Department Head will normally complete this process within ten (10) days of the date on which the written grievance is received. The Department Head will transmit to the Dean's Office a copy of the written grievance and a statement that the attempt to resolve the grievance has been concluded at the department level. A copy of the statement will also be sent to the student and the faculty member.
- D. A student who is not satisfied with the resolution at the department level may file the written grievance with the Dean's Office. The Dean will appoint a five-member faculty committee to hear the appeal. One of the five faculty members will be designated as chair of the committee. One of the five members will be appointed from outside the College of Veterinary Medicine. A member of the Student Board of Ethical Behavior will also be appointed as a non-voting member of the committee. All committee members will be persons with no previous involvement with the grievance.
- E. The committee will conduct an administrative hearing designed to consider the facts it deems necessary to arrive at a fair decision. The hearing will include presentation of the written complaint by the student, with additional oral statements if so desired; testimony by all students, faculty members, administrators, or other persons called as witnesses; and all pertinent written records. The committee will afford both the student and the faculty member full opportunity to express their views on relevant matters. Each party will have an opportunity to present witnesses and to cross-examine the other party and their witnesses. Questions may also be asked by members of the committee. The chair will have the responsibility to make certain only relevant information is brought before the committee.
- F. The chair of the committee will be responsible for notification of parties and witnesses of the time and place of the hearing, for an exchange of written documents and witness lists, and for overall administration of the proceedings in a timely and orderly fashion.
- G. A grievant may be accompanied at the hearing by an attorney or advisor, who may advise but may not otherwise participate in the proceedings except with the permission of the chair of the committee. A grievant who intends to be advised by an attorney at the hearing should so inform the chair of the committee at least 48 hours prior to the hearing so that faculty member may also have an attorney present.
- H. Unless the student requests an open hearing, the hearing will be closed with only those associated with the hearing present. At the end of the hearing, the committee will meet in executive session to discuss the grievance and draw up its report. The hearing, but not the deliberations of the committee, will be tape recorded. The committee will then reconvene in an open session, and take a vote on its recommendation.
- I. The written report of the committee will be transmitted to the Dean. The report will include (a) the factual findings of the committee; (b) a recommendation to the Dean; and (c) the reasons for its recommendation. Normally, the committee will transmit its recommendation to the Dean within no more than twenty (20) days of the date of its appointment.

- J. The Dean will make a final decision based upon the written advice of the hearing committee. The decision of the Dean along with the copy of the report of the hearing committee will be transmitted to both the student and the faculty member with copies to the Department Head. Should the Dean's decision differ from the recommendation of the hearing committee, he will include a written explanation of the basis for his decision. Normally, the Dean will transmit his decision within ten (10) days of receipt of the committee report. The Dean's decision will be final within the University.
- K. All records and tapes of the grievance procedure will be maintained in a separate confidential file in the Dean's Office.

Revised Spring, 2008.

GRADES

1. GENERAL PHILOSOPHY OF THE CLINICAL ASSIGNMENT

Clinical courses encompass all of your assignments in the KSU-VMTH. These courses represent the application of the didactic veterinary curriculum and each of these courses must be satisfactorily completed prior to graduation.

The goal of instruction in the VMTH is to provide clinical veterinary medical and surgical learning opportunities for students to develop clinical competence.

Students who fail to abide by the protocols and written orders governing patient care, both regular and emergency, may be subject to a failing grade for the course.

2. ROTATION GRADES

A grade will be assigned for each Clinical Rotation or Course using the grade form in the one45 system.

Clinical course grades take into account emergency and ICU performance. The clinician in charge of ICU cases will evaluate student performance in ICU. If the performance is satisfactory there will be no report to the student's Section Head, and the Section Head will assign the student's final rotation grade with the assumption that the ICU patient care and/or case management was satisfactory. If the performance was superior or failing, the clinician in ICU will inform the student's Section Head. The Section Head shall have the responsibility of assigning the student's rotation grade, and will take into account the performance of the student in ICU. The Section Head may assign a failing grade for the rotation if a student does not perform the ICU responsibilities satisfactorily.

3. D-GRADES

If a student receives a D-grade in any clinical rotation, he/she will be required to repeat the rotation (see Academic Policies). The student will be able to repeat the rotation in which they received a D-grade during their vacation or elective rotation (if they still have the rotation available to them). If they do not have a vacation or elective rotation available, they will have to repeat the failed rotation during the summer session following their senior year. All failing grades will be reported immediately to the Department Head and Associate Dean for Academic Programs

Faculty are not required to provide written feedback to a student during a two, three, or four week rotation if the student is in danger of failing or receiving a "D" grade. It would be ideal, however, for faculty to provide

verbal feedback in such a circumstance as early in the rotation as possible. This verbal notification should point out deficiencies in the student's performance as well as guidance as to how to correct the deficiencies. After the faculty member verbally meets with the student, written documentation regarding the discussion should be placed in the student's file.

4. FAILURE TO PROPERLY ATTEND PATIENTS

Failure to provide proper care for a patient as instructed by a senior clinician or other neglect of patients assigned to a student may lead to an F grade in the rotation. If, in the judgment of the faculty, negligence is of such a magnitude or nature that the student's ethical or professional values are not at a level to merit graduation, the faculty may petition the Course Coordinator to assign the student an F grade.

5. RESPONSIBILITY FOR GRADING STUDENTS

Grading is the responsibility of all faculty who oversee students in their clinical rotations. It is the general policy of the Department of Clinical Sciences that more than one faculty member be involved in a student's instruction in each section. That is, during the rotation, students may be assigned to 2 or more senior faculty. All faculty involved in the teaching of a student during their assignment in a section will have input into the student's grade. The Section Head has the responsibility of assigning the final grade for each student.

During the course of instruction in the VMTH, faculty will monitor student progress and may provide verbal assessment of each student's progress. It is, however, the student's responsibility to inquire concerning their own progress during the rotation. They are strongly encouraged to ask clinicians about their performance frequently. Grades will be maintained in the one45 system. The Dean's Office and the student will be notified in writing, as soon as possible, after each rotation in which the student has received a D or F grade.

6. SUSPENSION FROM CLINICAL ASSIGNMENT

Suspension of a student from clinical assignment may be required to assure proper case care, clinical service and teaching in the VMTH. If a student is asked by faculty to leave a service for what the clinician believes is appropriate cause, the clinician will notify the Department Head as soon as possible. The Department Head, in consultation with the faculty, will determine further action in such matters. A failing grade can be assigned for unprofessional behavior.

AGRICULTURAL PRACTICES PROTOCOL

COURSE SETTING:

This course will be taught as a combined clinical experience for individual animal and herd/ flock medicine. A regional field service area, referrals and University-owned teaching animals comprise the case work, as well as consulting activities, on-farm investigations and activities throughout Kansas.

OBJECTIVES:

1. To enhance a student's manual and clinical skills in the areas of physical examination, therapeutic and biological product delivery, general surgical techniques, and diagnostic sampling methodology.
2. To impart on each student the necessary skills and knowledge to identify problems and to initiate and evaluate a therapeutic or managerial plan for an individual animal or herd.
3. To create an awareness of meat and milk safety, quality assurance and welfare principles in the livestock industries.
4. To apply epidemiological and production medicine principles to solve on-farm problems.
5. To develop the skills for effective written and verbal client communication.

Safety

You will be oriented as to the use of the in-hospital chutes and livestock handling facilities as part of your orientation process. You are entering an area of the practice of veterinary medicine in which some of the animals are capable of inflicting serious injury to you. Know the disposition of your patients. If you have a question, ask the owner or the attending clinician. Do not work any large ruminant alone. Avoid placing yourself or others at risk through carelessness. Plan how you are to work around a patient, then cautiously proceed. If you feel that a significant threat to your safety exists, and you cannot safely perform a certain task involving a dangerous patient, simply **do not proceed further**. Promptly report any injury to your supervising clinician or the Section Head prior to or immediately following treatment.

Orientation and Case Assignment

The Agricultural Practices Protocol will be reviewed with each student group the morning of a rotational change by the Section Head or a designate. Equipment and facilities orientation will be conducted immediately following the Protocol review. Cases will be assigned on Monday morning of each week, or on change of student assignment.

AG PRACTICE ORIENTATION

8:30 a.m	Student Reports to J-127 (FA Student Conference Room)
9:00 a.m	Meet with Designated Clinical Faculty Orientation
9:30 a.m.	Food Animal Barn Orientation
10:00 a.m.	Students meet with clinicians on floor and receive cases
11:00 a.m.	Combined Large Animal ICU Orientation

Duty Assignments

Duties within the Agricultural Practices Section are shared between in-hospital and on-farm service areas. When there are no assignments in Field Service or Production Medicine respective students must help with patients in the clinic unless told otherwise by the field service clinicians.

The Agricultural Practices client appointment hours are from 10:00 a.m. to 5 p.m. Monday through Friday. Field service or Production Medicine activities may dictate extended hours or overnight lodging. All Agricultural Practices students who do not have a field service call should be in the clinic by 7:30 a.m. for treatment of hospitalized 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, utilize this time for reading, researching your cases, or updating your food animal knowledge and skills.

Check with the attending clinician prior to anticipated discharge for completion of the financial and discharge instructions. **No patient should be discharged without a complete and signed financial sheet and some written form of discharge order.**

Clinical Rounds

Clinical rounds for hospitalized cases will be at 9:00a.m. Monday - Friday. All morning treatments and SOAPS must be completed before rounds. On Saturday and Sunday students should meet with the house officer and/or the clinician in charge of each case to discuss the patient's progress and the day's treatment orders.

Students assigned to field service will participate in all clinical rounds when not out of the clinic.

Similar discussions will be undertaken while proceeding to and returning from local practice calls.

Review all pertinent clinical material while in Agricultural Practices. You will be expected to be knowledgeable on all subjects discussed in clinical rounds.

Receiving

When receiving cases, you will be called to the Large Animal Desk. Greet the client in a friendly manner and ascertain as quickly as possible the clinical problem(s) being presented. In case of emergencies, be prepared to gather history, either as you are working with the animal, or after the crisis has passed.

Obtain a thorough history with questioning based upon your assessment of the clinical situation being presented. Complete the history portion of the medical case record at the time of admittance.

Check with a receiving clinician or Ag Practices Veterinary Technician in the unloading and placement of the animal(s) in the designated pen or chute. Conduct a physical examination, establish a problem list, and develop a proposed diagnostic or therapeutic plan for the case. Discuss this with the clinician on the case before making any comments to the owners.

If time allows between admittances, gather and stage the necessary equipment and supplies to complete your proposed plan of action for non-hospitalized cases or those cases requiring action prior to hospitalization. Use a gurney or other cart to facilitate the process; avoid placing supplies on the floor. If a case is to be hospitalized, complete the stall cards and assist in transporting the animal(s) to the appropriate stall or service area.

Cleanup

You are responsible for the cleanup of all instruments, equipment, supplies and the hospital areas used in the evaluation and treatment of the clinical cases assigned to you. The clinical group assigned to the receiving duty clinician will be responsible for the policing of the receiving area at noon and the close of business each day. This activity will be supervised by the duty clinician. Do not leave equipment, medications, or syringes in or around a stall.

The students (primary and backup) assigned to after hours, holiday, and weekend duties will be responsible for the cleaning of the receiving area, stall area and local practice vehicles used while conducting clinical practice activities during their period of assignment.

Student responsibilities for cleaning:

1. Place all trash items and manure in designated containers.
2. Clean receiving area floors and walls.
3. Clean all surgical instruments and the surgery carts and return these to Central Preparation promptly. ***Remove all blades from scalpel handles and all other sharps prior to returning to Central Preparation.***
4. Soak all drapes and gowns to completely remove blood and particulate matter prior to returning to Central Preparation.
5. Take all biological material (ex., placentas, fetal material, excised material) to the outgoing cooler in necropsy.
6. Return or dispose of supplies.

Field service vehicle cleaning will routinely include:

1. Removal of all trash and debris from the seating and service areas of each vehicle.
2. Cleaning and drying of buckets and equipment and returning them to the practice vehicle.
3. Returning unused, unopened pharmaceutical, biologicals, and supplies to the Dispensary.
4. Restocking the truck as the clinician directs.

Records

All records are to be filled out completely. Indicate the admitting and attending clinician, but do not fill out the first page (final diagnosis). The medical record is a legal document. It must be legible, accurate, and current at all times. Please maintain the record in the order as described in the hospital protocol, taking care to be certain that all similar sheets are grouped together and in chronological order. Serial sheets such as ICU flow sheets must be chronologically numbered and dated. Please transcribe your observations and treatments, in a complete legible and professional manner. Records should be kept in the records room, in the slot that corresponds to the pen number. **An up-to-date problem list is required of all cases. Accurate medication records regarding the withdrawal times for milk and slaughter are absolutely critical.**

You are responsible for the daily maintenance of clinical case records. Initial daily entries are to be entered prior to 8:30 a.m. Acute deterioration in the condition of any patient should be noted in the record and reported verbally to the clinician as soon as possible. Subsequent entries can be made following clinical rounds or as additional case information

is generated throughout the day. Afternoon entries should be completed prior to leaving at the end of the day. All case records and entries will follow the POVMR format. Place on the board of the record room the pen number, owners name, student responsible, and attending clinician. Return all records at the time of discharge of the animal to the Large Animal Desk.

VetStar

All financial entries for care (physical exam, surgery, drugs, hospitalization, etc.) of an animal must be entered into the VetStar computer program. Discuss with the responsible clinician or the Ag Practices Veterinary Technician as to the appropriate charges and who should enter them.

In-Hospital Patient Care

On-going case care will be completed before rounds each weekday morning. Exceptions are often made for intractable animals; treatments may be scheduled for after morning rounds in order to ensure safe handling. **All students** in Ag Practices are required to help during the morning treatments.

Lactating dairy cows are to be milked twice daily at 12 hour intervals unless other instructions are given by the attending clinician.

On weekends and holidays, case rounds between students assigned cases in the hospital and attending clinicians will be scheduled by the clinicians.

Once assigned a case, it is your responsibility to continually monitor the progress of the case until the case is discharged or you are relieved of the responsibility. If you have to leave for a field call on the morning after taking in an emergency, contact the clinician in charge so a new student can be assigned to the case.

In cases of approved excused absences, it is your responsibility to find a stand-in to complete your clinical case duties. In case of an emergency, notify the clinician in charge of the case, the Large Animal desk or the Emergency Desk. In situations requiring feed, bedding, or stall changes, notify the animal caretaker or Paul Wagoner to request assistance and write these changes on the stall cards.

Keep the animal clean and comfortable. Monitor feed and water consumption at least twice a day. Know the approximate water and feed intake required for the metabolic state of each animal under your care.

Animals requiring anesthesia should be scheduled with the large animal surgery tech and the anesthesia service by 3:00 p.m. the day prior to the planned anesthetic procedure. Scheduling forms may be obtained from the anesthesia service. Emergency procedures should be brought to the attention of the anesthesia service as soon as possible to facilitate their handling. Check with clinician in charge of case regarding feed and water withholding times.

Every case for which a surgical procedure has been performed must be accompanied by a surgical report. 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 must be completed for all surgeries by 24 hours after completion of the procedure.**

Ag Practice Field Service, Production Medicine

While on field service calls, you are a guest on the farm or ranch of the client. Professional conduct should be practiced at all times. Clean coveralls and washable boots are required on all calls. Information gained while on field service calls related to disease and management are confidential and should not be shared with anyone outside the Veterinary Medical Teaching Hospital. The time spent on the farm premise should be focused on that particular client's cases or

herd work. While on the premise, conversations should be related to the animals and/or production issues being discussed. Current cases in the hospital, small or large animal, should not be discussed unless they are directly relevant to the current case or production issues (if other cases are directly related, remember client confidentiality). Past or upcoming weekend plans, or class events should not be discussed. While on the farm, we focus on that client and his or her needs for veterinary service.

The ambulatory truck should be kept stocked. Keep track of supplies used and replace them in the truck promptly upon your return. Make sure all equipment is washed and sanitized for the next use, and the water tank is full.

Always be prepared with clean coveralls and boots and adequate clothes to leave on short notice and be gone for an extended period. Field service calls may begin early in the morning and return late in the evening or require overnight stays. Always be prepared with thermometer and stethoscope for all calls including production medicine calls where no individual cases are anticipated.

LARGE ANIMAL (LA) ICU/EMERGENCY DUTY COVERAGE

Review this material carefully to delineate your responsibilities when assigned Emergency Care and LA ICU Care in Agricultural Practices. Primary and backup students are scheduled on a daily basis by the departmental administrative staff.

Between 5 p.m. and 10 p.m., treatment of in-house is the responsibility of the emergency on-call student. The LA ICU student is responsible for treatment of cases from 10 p.m. to 8 a.m.. In most instances, one or two treatments are scheduled, and the student scheduled on emergency may drive in from home to complete the treatments. In some cases, however, the patient must be monitored continuously, and the emergency student must then remain in the clinic if directed by the clinician.

Necropsy

Animals from regular client herds or the KSU herds are accessioned as clinical cases in the large animal clinic. If your case dies or you receive a dead animal for a necropsy examination, contact the clinician responsible as soon as possible and take it to the necropsy cooler as quickly as possible. If you are the receiving student, get a complete history and use this information to complete the necropsy request. If your case dies and a necropsy is desired, give the pathologist all pertinent information when filling out the necropsy request, but do not leave the record at necropsy. If possible, be present when the necropsy is performed.

Check with the clinician to see what level of necropsy is necessary or if additional tests are to be performed (i.e., culture, histopath, etc.). **You are responsible for following the necropsy case to completion. This includes all ancillary diagnostic tests.** You must check to make sure that the necropsy reports are completed and filed in the medical record in a timely manner.

The diagnostic lab will accept APR's for necropsy ONLY if the necropsy level is indicated on the APR. Please review the protocol and make certain you indicate the necropsy level each time you submit an APR.

<u>Procedure Description</u>	<u>Client Price</u>
Necropsy Lv 1 Gross Only	N/C
Necropsy Lv 2	\$50
Necropsy Lv 3	\$80
Necropsy Lv 4	\$100
Necropsy Lv 5	\$125
Necropsy Lv 6 Additional Tt	VAR

A Disposal Fee must be charged on all necropsies.

In general, Lv 2 covers a gross necropsy plus histopathology and Lv 3 covers gross necropsy plus histopathology plus special stains or bacteriology. The other levels will be primarily for specific disease; for example, Lv 4 will cover bovine/porcine abortion, pig/calf scours, etc.

Necropsy Lv 6 Additional Tt is to be used for delayed billing in complicated cases (toxicology, multiple animals) and requires prior approval by the client. Also, Necropsy Lv 6 can not be selected as the only necropsy code - Necropsy Lv 6 must be in addition to Lv 2, Lv 3, Lv 4, or Lv 5 (not Lv 1).

Equipment Needs and Attire

Coveralls and rubber boots are desirable, but must be clean at all times. You will want to have changes of clothes available. You will have on your person at all times the following items:

Thermometer
Pen
Stethoscope
Scissors
Name Identification Badge

A vital component to your professional success lies in your appearance and demeanor. Soiled clothing should be changed promptly. Shirts must be tucked in. Cleanliness and professional behavior are expected and required at all times.

STUDENT EVALUATION CRITERIA

The evaluation of a student's performance is a continuum while in this rotation. Students who, in the opinion of the faculty, are not progressing satisfactorily during a clinical rotational period will be notified of the deficient category(ies). Upon notification the student will schedule a meeting with the Section Head and representative faculty to discuss the deficiencies and to outline a program of self-improvement. In some instances, unsatisfactory performance may occur and be noted toward the end of a clinical rotation, particularly in cases of acute judgmental error, at which time the student will be informed by the Section Head of the unsatisfactory completion of the rotation.

Kansas State University
Year 4 Veterinary Medicine

To be completed by _____

On this form, you will be evaluating _____

For dates: _____ to _____

Evaluation of Student Performance in Agricultural Practices (Field Service)

Click on a number for each specific item that correlates with your opinion of the student's ability.

Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Demonstrates adequate analytical/diagnostic (problem solving) skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates adequate history taking and patient evaluation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comprehensive treatment planning including patient referral when indicated

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Provides adequate patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates comprehensive planning and recognizes indications for referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anesthesia and pain management, patient welfare

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Demonstrates understanding of pharmacology of drugs and therapeutic options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates empathy and care of the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Basic surgery skills, experience, and case management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Knowledge of surgical principles and techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates adequate surgical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Basic medicine skills, experience, and case management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Generates an appropriate diagnostic rule out list/differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an adequate knowledge of pathophysiology of diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency and intensive care case management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Provides competent and proficient care and treatment of emergency and critical care patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health promotion, disease prevention/biosecurity, zoonosis, and food safety

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Applies proper principles of preventive medicine to animal populations (vaccination, biosecurity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands and applies knowledge of zoonotic diseases and drug residue avoidance as appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Client communication and ethical conduct

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Demonstrates a sense of empathy with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adheres to expected ethical practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strong appreciation for the role of research in furthering the practice of veterinary medicine

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Independently identifies resources and finds answers to problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal traits and attributes

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Interaction with students, staff, and faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates professional demeanor at all times, e.g., work ethic and punctual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Don't forget to click on the Edit Grade link at the top of the form before you

submit the evaluation.**

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?

☐ Yes

☐ No

Kansas State University
Year 4 Veterinary Medicine

To be completed by _____

On this form, you will be evaluating _____

For dates: _____ to _____

Evaluation of Student Performance in Agricultural Practices - (In-House - Medicine and Surgery)

Click on a number for each specific item that correlates with your opinion of the student's ability.

Comprehensive patient diagnosis (problem solving skills), appropriate use of clinical laboratory testing, and record management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Demonstrates adequate laboratory interpretation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates Adequate History taking and patient evaluation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates adequate analytical/diagnostic (problem solving) skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comprehensive treatment planning including patient referral when indicated

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Provides adequate patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes changes in patient status and responds appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anesthesia and pain management, patient welfare

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Demonstrates empathy and care of the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates understanding of pharmacology of drugs and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

comprehensive therapeutic options.						
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Basic surgery skills, experience, and case management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Demonstrates adequate surgical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of surgical principles and techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Basic medicine skills, experience, and case management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Generates an appropriate diagnostic rule out list/differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an adequate knowledge of pathophysiology of diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively presents case material to peers and colleagues (e.g. case rounds presentations are effective and appropriate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency and intensive care case management

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Provides competent and proficient care and treatment of emergency and critical care patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes subtle changes in patient status and responds appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health promotion, disease prevention/biosecurity, zoonosis, and food safety

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Understands and applies knowledge of drug residue avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge and management of zoonotic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Client communication and ethical conduct

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Insert: and demonstrates empathy with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adheres to expected ethical practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strong appreciation for the role of research in furthering the practice of veterinary medicine

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Independently identifies resources and finds answers to problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal traits and attributes

	N/A Could Not Be Evaluated	1 Far Below Expected	2 Below Expected	3 Expected	4 Next 25%	5 Top 5%
Interaction with students, staff, and faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates professional demeanor at all times, e.g., work ethic and punctual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

****Don't forget to click on the Edit Grade link at the top of the form before you submit the evaluation.****

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*** Did you have an opportunity to meet with this trainee to discuss their performance?**

- ☐ Yes
☐ No

SUMMARY

The expectations for senior students in the Agricultural Practices rotation can be summarized as follows:

1. Punctuality
2. Professionalism
3. Participation
4. Patient care
5. Problem lists

ANESTHESIA SERVICE PROTOCOL

ORIENTATION AND ROUNDS

Students assigned to the anesthesia rotation will meet in the anesthesia rounds room (C-101) at 7:00 AM the first day of the scheduled rotation. Orientation will be conducted at that time and each student will receive a detailed protocol outlining operation of the service and instruction on how to complete the Anesthesia Billing Worksheet. Anesthesia rounds will start each morning at 7:00 AM Monday through Friday. All students will be expected to be available for after hours and weekend emergency duty according to the schedule provided by the Departmental Office.

BILLING PROTOCOL

Goal: All anesthesia and related charges are normally to be entered into VetStar by the anesthesia veterinary technicians, if available and if the clinical case load permits.

If the anesthesia veterinary technicians have a high case load, the Small Animal Discharge/Emergency Desk personnel will input all charges if the Anesthesia Billing Worksheet is filled out and delivered to their work area. This is to help facilitate charges being entered in a timely fashion and also for “after hours,” weekend, and emergency cases.

Anesthesia veterinary technicians will deliver the billing worksheets to the Small Animal Discharge/Emergency Desk during the normal workday hours. After 4:45 PM until the following morning, and on weekends and holidays, each undelivered worksheet will be completed by the individual anesthesia student responsible for the clinical patient in their care. The Anesthesia Billing Worksheet must be approved by an anesthesia clinician or an anesthesia veterinary technician and then delivered by the student to the Small Animal Discharge/Emergency Desk for entry of the coded data.

During the initial anesthesia rotation block orientation, all students will be given an orientation of how to complete the Anesthesia Billing Worksheet.

The patient label will be placed on the Anesthesia Billing Worksheet by the anesthesia student. During the anesthesia period the student can enter all applicable tests performed. At the end of each case, the worksheet must be completed and presented to an anesthesia clinician or veterinary technician for approval. Prior to 4:45 PM (when the case is complete) the student will staple the worksheet to the yellow anesthesia record copy and file the paperwork in the bin on the desk in the anesthesia conference room. After hours, when a student has completed and delivered a worksheet to the Small Animal Discharge/Emergency Desk, the student should write or stamp “COMPLETED” on the yellow copy of the anesthesia form. The anesthesia record is then placed in the appropriate bin on the desk in the anesthesia conference room.

Abbreviations used on the Worksheet

SA = small animal

PS = physical status

LA = large animal

NMB = neuromuscular block

Ind-30 = induction period and first 30 minutes anesthesia.

15 mm = 15 minute anesthesia block

LA Parenteral = Large Animal Parenteral total intravenous techniques

LAP = Large Animal Pediatric cases

Anesthesia Supplemental = extra charges by staff

If the patient is scheduled to be discharged the same day it is anesthetized, the performing clinician will indicate this on the Anesthesia Report and on the Surgery Request forms. Anesthesia charges must be entered in VetStar immediately for these patients by the anesthesia technician.

CARDIOLOGY SERVICE PROTOCOL

The Cardiology Service is a 2 week elective rotation designed to expose senior veterinary students to the common congenital and acquired cardiovascular diseases of companion animals. By the conclusion of these two weeks you should be able to:

1. Be proficient at conducting a thorough cardiovascular physical examination.
2. Be able to record and interpret an electrocardiogram in dogs, cats, and horses.
3. Be able to recognize common arrhythmias including heart block, sinus arrest, premature atrial and ventricular depolarizations, escape beats, atrial tachycardia, atrial fibrillation and ventricular tachycardia.
4. Be able to treat the most common arrhythmias in companion animals.
5. Be able to record and interpret non-invasive blood pressure measurements in dogs and cats.
6. Be able to recognize and treat systemic hypertension in dogs and cats.
7. Be able to recognize normal anatomic structures on thoracic radiographs.
8. Be able to recognize left and right heart enlargement patterns on thoracic radiographs.
9. Be able to recognize the radiographic hallmarks of cardiogenic pulmonary edema on thoracic radiographs.
10. Be familiar with the various echocardiographic modalities: M-mode, two dimensional, color flow and spectral Doppler imaging.
11. Be able to recognize the most common congenital heart defects in companion animals and know how they are treated.
12. Be able to recognize the most common acquired heart diseases of companion animals and know how they are treated.

Outpatients

When possible, the cardiology rotation works optimally when students receive cases in pairs. One student can perform the history while the other is performing the physical examination. Despite working in pairs it is important that one student has primary case care and ultimate responsibility. Our goal is to be thorough, efficient, and offer unparalleled service to our clients and referring veterinarians while maintaining a relaxed, open atmosphere.

For each case that you are the primary student it is your responsibility to:

1. Present the case succinctly in rounds including pertinent history, physical examination, diagnostics, therapeutics, and follow-up recommendations. Radiographs should be available and abnormalities should be well understood.
2. Perform follow-up with clients if any diagnostics are pending (i.e. digoxin level, renal profile.)

3. Complete an ECG worksheet if an electrocardiogram was recorded. This should be evaluated with the appropriate clinician the following day. This sheet does not go into the medical record.

Inpatients

Inpatients are infrequent on the cardiology service but nonetheless you should plan to be available throughout the entire two-week rotation, including weekends, unless the faculty member and the Department of Clinical Sciences have approved prior arrangements.

If an animal is to have surgery performed it is your responsibility to make certain that:

1. The anesthesia request is turned in on time.
2. The evening student pulls the food (i.e. put it in the treatment book and talk to them face to face, or pull it yourself).
3. Prophylactic antibiotics should be in hand the morning of surgery.

If an animal is in ICU it is your responsibility to make certain that:

1. The patient has enough medication to make it through the night and early the next morning (especially if on a CRI)
2. The ICU students understand monitoring parameters, especially for arrhythmias.
3. Clients have been contacted twice daily with updates.
4. After discharge from the ICU that the record (both the file folder and metal back), and medication follow the patient to the ward and that the cage is left clean, fluid bags are discarded and fluid pumps are replaced.
* We operate as a team service offering help and respect to everyone involved*

Grading Procedures

The goal of this service is to teach veterinary students the appropriate skills and knowledge they will require to appropriately manage cardiovascular disease in practice. Students that perform exceptional patient care, case responsibility, round preparedness, outside reading and control an excellent grasp of cardiovascular medicine will receive an "A". Students that perform above average throughout all aspects of the rotation will receive a "B" while students that perform average will be given a "C". If a student appears to be par for a grade of "C" or below we will inform them during the first half of the rotation. At this time we do not assign emergency shifts so there is an expectation that all students will be on time and fully prepared for rounds each day. Please note that abuse or neglect of a patient is immediate cause for a failing.

CENTRAL PREPARATION PROTOCOL

The Central Preparation area is a center for cleaning, sterilization and distribution of specialized medical instrumentation and supplies. To facilitate that function and in consideration of the limited number of staff assigned to this important service, it is incumbent on the students, house officers and faculty to adhere to this protocol.

1. General Guidelines

- A. Central Preparation is a closed area. Requests for assistance should be tendered at the countered windows. Please do not enter the Central Preparation area unless invited to do so by the technician on duty. Ring door bell by doors.
- B. All requests for supplies or instrumentation must be accompanied by an APR form. Equipment or supplies should not be taken without completing an APR or telling the on-duty technician.
- C. **Equipment and instruments must be cleaned prior to returning it to Central Preparation. Dirt, blood, hair or other soilage must be removed.**
 - I. Clipper blades should be cleaned, oiled and returned promptly to Central Preparation after use. Clipper blades must be returned in an acceptable condition. If they are unclean, they will be returned to you for cleaning.
 - II. Instruments must be free of tissue, blood and debris. If not clean, they will be returned to you for cleaning. When returning used items to Central Preparation, you must ring the door bell.
- D. Most of the equipment dispensed from the Central Preparation area is available in limited quantity (e.g.: clippers). It is important that equipment borrowed from Central Preparation be returned promptly so others may have access to it.
- E. If equipment is defective or broken, please advise the Central Preparation technicians when the equipment is returned so corrective action may be taken.
- F. Sharp disposable materials (e.g. scalpel blades, needles) must be disposed of prior to returning surgical packs to Central Preparation. PLEASE take care to remove and dispose of blades and hypodermic needles. These objects present substantial risks to persons cleaning instruments.
- G. Only the emergency veterinary technician on duty and house officers have access to Central Preparation after hours.

2. Surgery Guidelines

- A. Surgery technicians are responsible for cleaning linens and instruments before returning them to Central Preparation. Linens must be blood tissue and urine free. Surgery technicians must make sure that there are no instruments, blades (clipper or scalpel) or needles left in laundry cart before returning it to Central Preparation.
- B. Packs should be returned on racks, in the proper pan, or drape. Every instrument should be accounted for by the veterinary technician.

- C. Return instruments damaged or broken during surgery to Central Preparation. Blades should be taken off scalpel handles, penetrating towel clamps closed, and gelpi retractors laying point down. Do not leave scalpel blades or pins laying on surgical pack pans.
- D. Remove dull instruments from packs and replace them with sharp instruments. Return dull instruments to the Central Preparation Technician on duty for sharpening.
- E. Do not leave instruments laying in a wet pan or in water overnight. Emergency veterinary technicians should flush suction hoses.
- F. When possible, packs should be submitted to Central Preparation by 3:00 p.m.

3. Isolation Guidelines

- A. Any contaminated items removed from isolation must be put in bio-hazard bags then brought to Central Preparation for autoclaving. Items should be placed in bags according to how they are sterilized (steamed or gassed). Please mark bio-hazard bags before returning them to Central Preparation. Please do not fill bio-hazard bags over 2/3 full.

Gas Sterilization

Stethoscopes
Stallion Catheters
Nylon Rope
Block Brushes
Clippers/Clipper Blades

Steam Sterilization

Cotton Ropes
Buckets
Stomach Pumps
Surgical Instruments
Bowls
Bell IV's

- B. All items must be free of blood, hair, tissue or other contaminants. All stall bedding must be removed from linens.
- C. Do not place wet linens in the bio-hazardous autoclave bags. Hang to dry before bagging.
- D. Do not take surgery carts to isolation. If the situation warrants, a pack and separates can be prepared to go to isolation. After use, all items should be cleaned, dried and put in bio-hazardous bags.
- E. Linens must be soaked in Vindicator™, wrung out and placed into a heavy duty bag at the location of use.

4. Necropsy Guidelines

- A. Students should **never** enter the Central Preparation area in coveralls/boots worn in Necropsy.
- B. Surgery packs may **not** be taken to Necropsy unless Central Preparation is notified first. Packs must be properly cleaned and dried, and the materials placed in bio-hazard bags for transportation to Central Preparation.
- C. Scrubs and lab coats checked out of Central Preparation are not allowed in Necropsy.

5. Scrubs

VMTH supplies scrubs for faculty and staff (not to students). You will have to supply your own scrubs.

6. Biohazardous Bags

- A. Items must be bagged at the point of origin, not carried through the hospital, and filled only 3/4 full!
- B. Bags must be tied or twisted shut and taped. Bags that are folded over and taped will not be accepted by Central Preparation personnel.
- C. All items used on non-human primates must be bio-hazardous bagged.

DIAGNOSTIC IMAGING/ RADIOLOGY PROTOCOL

OBJECTIVES

1. Develop sound radiation safety practices.
2. Produce diagnostic radiographic studies and assess image quality.
3. Develop a routine for methodological interpretation of images and communicate radiographic findings. Learn normal anatomy, learn to describe abnormalities based on Roentgen signs, and interpret being systematic.
4. Understand indications for contrast procedures and alternative imaging modalities available to veterinary medicine.

SCHEDULE

Students are expected to arrive at the Radiology section at 8:00 A.M. Lunch periods are scheduled by the technologists depending on caseload and daily schedule.

Students will attend student rounds at 8:00 A.M. (Other than most Tuesdays when they will start at 8:30). Resident rounds will begin following student rounds. Students will be able to attend as long as no clinical cases need to be done. On Friday mornings, the radiology technologists hold rounds on special subjects involving radiography and processing at 8:00 A.M.

Students are assigned to different imaging duties, on a rotating basis. Students should be available in person (and by pager) until the diagnostic imaging appointments are completed for the day.

Students are encouraged to attend daily necropsy rounds at 4:30 P.M. if radiology work is completed.

During non-busy times, students will be expected to review films from teaching sets, clinical patients and computer programs. Students should remain available in the event clinical patients come in.

RADIATION SAFETY

IMPORTANT!!! Pregnant students are not allowed to work near devices which emit ionizing radiation. Pregnant students and students suspecting themselves of being pregnant must communicate this to one of the radiologists immediately so that non-hazardous responsibilities within the section can be assigned.

1. A film badge is issued to each student at the beginning of the block. It must be worn on the outside of the protective apron, at collar level. Badges are worn right-side out. Do not remove badges from the building and do not launder them!
2. Radiation-attenuating aprons and gloves must be worn by persons in the room when an exposure is made or fluoroscopy is in use. Gloves/gowns are damaged when folded or bitten. Hang or lay flat after use. Do not use as protection from scratches/bites.
3. **STAY OUT OF THE PRIMARY BEAM!!! PROTECTIVE GARMENTS WILL NOT PROTECT YOU.** Stand as far from the animal as possible when restraining it for an exposure and collimate the beam as much as possible. Use cassette holders for large animal radiography. **THE BEST EXPOSURE IS NO EXPOSURE.** As few people as possible should be used to restrain an animal. Animal restraint devices (tape, sedation, etc.) should be used

whenever possible. Think out the procedure carefully to minimize retakes and double-check each other's setup(s). **Do not hesitate to discuss the need for sedation with the radiology veterinary technician or radiologist if the animal shows indications of being difficult to restrain.**

CLINICAL RESPONSIBILITIES

1. Main Room and Large Animal Room.

- A. Obtain diagnostic quality radiographs as requested for the clinical patients.
- B. Determine correct positioning for requested study.
 - 1. Position animals for exposure.
 - 2. Check schedule and insure patients are imaged on time.
 - 3. Contact student/clinician on case when problems arise (sedation needed, case delayed due to emergency, etc.)
- C. Evaluate quality of radiographic study with the radiology veterinary technician, resident, or radiologist and discuss case to see if additional views will be needed before releasing animal from radiology.
- D. To understand the indications for radiography for that case, properly interpret the films independent of the radiologist and be able to discuss your findings.

2. Special Procedures

- A. Check with the radiology veterinary technician **1 day in advance of scheduled duty** to see what special procedure(s) are planned for the following day.
- B. Know indications and protocol for the scheduled procedure.
- C. Help the radiology veterinary technician set up equipment and supplies for the procedure and attend the study.
- D. All Main Room/Large Animal Room responsibilities described above also apply.

3. Ultrasonography

- A. Check schedule, clip patients and have them ready in ultrasound room to be imaged at their appointed time(s).
- B. Contact the student and clinician assigned to the case when they have requested to be present for study or when problems arise (sedation required, case delay, etc.).
- C. Enter patient information and help in moving equipment as directed by the radiology veterinary technician and/or radiologist.
- D. Hands on ultrasound may be available during this rotation.

4. Grading

- A. Grades are based upon participation in rounds, technical proficiency, a final examination of film interpretation and clinical skills/professionalism. Point contributions of these criteria towards the final grade outlined on the next page.
- B. The final examination is given from 8-10 a.m. in the morning two days prior to the last workweek day of the block (i.e. on Wednesday morning if the block ends on Friday). The exam is comprised of films from clinical cases to be interpreted. Students must work independently but the examination is “open-book.”
- C. A final examination score of at least 70% must be achieved for a final passing grade in the block. If less than 70% is achieved the first time, a single re-examination will be given on the last day of the block (similar format). The recorded final examination grade will be 70% even if the student scores higher on the re-examination. Scoring less than 70% on the re-examination will result in a failing grade for the block.

SENIOR RADIOLOGY TOPIC ROUNDS

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	Orientation	Anatomy Quiz Film Interpretation	Ultrasound	Ultrasound	Large animal lab
2	Thoracic Radiology	Thoracic Radiology	Abdomen Radiology	Abdomen Radiology	Technical Topic
3	Orthopedic Radiology	Orthopedic Radiology	Exam 8:00 – 10:00 a.m.	Open	Technician Topic

8:00-9:30 a.m.: (Monday, Wednesday, Thursday) Topic rounds, tests, etc. as listed in the above chart

8:30-10:00 a.m.: (Tuesdays) Topic rounds, tests, etc. as listed in the above chart

9:30-10:00 a.m. (or until finished): Resident rounds to review films from the previous day

The group will be split in 2 for the ultrasound topic rounds. The first day, half the group will do hands-on ultrasound while the remaining students use this time for review of the cases in the conference room. The groups will switch for the second day.

Required References:

Veterinary Diagnostic Radiology (Thrall)

Daily Objectives: You are required to know your normal anatomy as covered in previous years. The notes from the radiology course and chapters in Thrall should be reviewed prior to morning topic rounds. The sophomore radiology lab material that is available in the computer lab is also excellent review material.

You are required to review the radiology teaching cases provided in the radiology conference room, prior to the exam the third week. These cases can be reviewed during slow periods in radiology and after hours. If there are any questions regarding this material, please ask the radiologist or resident on duty.

Course Description

The necropsy rotation is a required rotation for fourth-year veterinary students. The major emphasis of the course is recognition and interpretation of pathological findings discovered during the student's performance of gross necropsy examinations, and the communication of those findings in both written and oral form using language that is descriptively clear, concise, and accurate. Thorough gross necropsy examinations and reports are expected. A major emphasis is placed on the differential diagnosis of common clinical disease problems affecting food and companion animals.

Exposure to diagnostic support laboratory procedures (toxicology, virology, bacteriology, serology, parasitology, immunology, molecular biology, clinical pathology, histopathology, immunohistochemistry) is also gained during the rotation.

Instruction is by student handling of cases, laboratory exercises, case discussions, presentations during rounds, didactic presentations, computer assisted learning, and independent and group study.

Materials

The following equipment is required:

- Coveralls - blue or green with student identification and/or name tag
- Rubber Necropsy Gloves - latex examination gloves are not acceptable
- Rubber Boots
- 7" or 8" Mayo Scissors - 1 pair
- 6" or 8" Thumb Forceps - 1 pair
- Necropsy Knife

All students are expected to provide their own boots, coveralls, and necropsy quality gloves. Latex examination gloves are not acceptable. Instruments are provided for student use. Students may bring their own instruments if they desire.

Two manuals are available for purchase from audiovisual resources and should be purchased prior to the beginning of the rotation. Students are expected to familiarize themselves with the materials concerning necropsy procedures and report writing prior to the first day of the rotation.

Schedule

All students should meet in the Diagnostic Laboratory conference room (M-209) at 8:30 AM on the first scheduled day of the rotation for orientation. A detailed daily schedule of activities and a statement of course objectives will be provided and general procedures will be discussed.

Faculty

All diagnostic pathologists who participate in regular receiving of cases to the Diagnostic Laboratory participate in instruction of students during the rotation. Dr. Gordon Andrews is the course coordinator for the rotation. All questions and concerns regarding any aspect of the rotation should be taken directly to him.

DIAGNOSTIC MEDICINE TOXICOLOGY PROTOCOL

Toxicology is offered to fourth-year veterinary students as part of the Diagnostic Medicine rotation. Students are scheduled at appointed times in the Toxicology Conference Room (M209) for discussions of current topics in Toxicology.

The activities and themes addressed in various sessions include:

1. Toxicology as a career and as part of veterinary practice
2. Identifying a competent Toxicology laboratory and submitting specimens
3. Toxicology test(s)-costs and laboratory requirements
4. Exciting recent Toxicology cases
5. Clinical Toxicology-
 - A. Common toxicoses
 - B. Diagnostic differentials
 - C. Diagnostic clues
 - D. Screening tests
 - E. Confirming diagnoses
 - F. Treatments/antidotes
6. Consultations for toxic problems
7. Medical legal issues
8. Case problem-solving--what's real, new and true?
9. Video-based cases
10. Data bases for Toxicology--are you on-line?
11. What does your client really want?
12. What does your employer really want?
13. What do you want as a professional?

STUDENT DISPENSARY PROTOCOL

The Dispensary is the central repository for all medications dispensed by clinicians and veterinary students. Medications may only be acquired from the Dispensary with a completed Dispensary Request Form. Students, faculty, and staff will be required to present the Dispensary Request Form to the Dispensary with every request for medication. Each Dispensary Request Form must contain the date, generic name of the drug, unit strength, number or volume of medication required, directions for use, the clinician's name and the refill options. This information should be recorded legibly in standard prescription terminology and format. The form must indicate the client's name, patient's name, species and medical record number. It must also indicate whether the client or a grant or course is to be charged for the medication. The grant or course number needs to be included on the form. No medication order will be filled without a Dispensary Request Form completed and containing all of the information below.

Standard format will be:

Medical Record Number

Client

Animal Name Species

DATE:

Medication name, strength and quantity

Directions for use

Refill Instructions

Student signature

Clinician signature

The medication order will then be entered by the requestor in the computer through VetStar, which generates a label in the Dispensary. Medication orders will be filled by the Dispensary staff after the label has printed. Typically 10-20 minutes are required. The medication will be dispensed in an appropriate container with appropriate label instructions. For most items, and particularly tablets and capsules, it should be possible to secure a reasonable supply (3-7 days) of medication for any patient. The prescriber 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 your patients are moribund or your patient's owners are concerned about their ability to pursue a given medical therapy for a protracted period due to fiscal limitations, it is better to obtain medications in lesser volumes or on a dose by dose basis than to check out large bottles. Controlled substances for inpatients should only be ordered for a 24 hours supply - except on Saturday you may order a 48 hour supply. When an inpatient is discharged, all unused medications not sent home with the client must be returned to the Dispensary. Credit will be given for unused medications that have not been out of the hospital.

Over the Counter Medications

Over the counter (O.T.C.) medications may be obtained from the Dispensary. In keeping with hospital policy, O.T.C. medications will only be dispensed to individuals whose animal has been seen here within the last year.

Large animal clinicians who have instructed a client to stop by and pick up medication will, following their return to the hospital, complete a Dispensary Request in prescription form and submit it to the Dispensary to be filled. Once filled, the medication may be stored at the large animal desk until the client stops by to pay for and pick up their medication. All large animal clients requesting medications to treat animals not brought into the clinic must have written approval from a clinician, or a Dispensary Request form, which includes all necessary instructions and withdrawal times where applicable.

O.T.C. medications for small animal patients will be filled as pre-approved medications through the Dispensary using Dispensary Request forms. A copy of the Dispensary Request Form is kept on file in the Dispensary Persons requiring a

refill of heartworm preventative may receive that refill if they have had a negative heartworm check in the KSU-VMTH during the past year and have had no lapse in the medication.

Access

The Dispensary will be open for prescriptions from 8:00 A.M. - 5:30 P.M. Monday through Friday. Hours for Saturday will be 8:00 A.M. - 11:30 A.M. on days that the Pet Health Center is open. On Saturdays when the Pet Health Center is closed, the hours will be 8:00 A.M. - 10:00 A.M. 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 Dispensary Request Forms MUST be signed by the staff veterinarian whose name will be on the label and must be written in standard prescription format.

After-Hours

It is critical that students anticipate their needs and plan the drug use for their patients carefully. Careful planning and accurate completion of the Dispensary Request Form will eliminate most Dispensary problems. House Officers are responsible for providing access to medications after-hours. Students will not be allowed in the Dispensary after hours. For after hours acquisitions, the written Dispensary Request Form will be left in the Dispensary by the house officer. Students should obtain adequate medication during regular business hours for treatment through the weekend or holiday.

Special Exceptions

The large animal isolation area and the I.C.U. areas will, because of the nature of their work, maintain a small stock of fluids, lidocaine, catheters and other selected drugs. 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 I.C.U.'s isolation areas and the field service trucks must not be used to treat hospitalized cases! All medication utilized in any of these areas should be accounted for on a Dispensary Request Form and recorded on the daily expense sheets. Clinicians returning from an ambulatory call should complete Dispensary Request forms for all medications used on each call and submit them to the Dispensary to acquire new medications to restock the truck. When returning after hours, if the trucks must be immediately restocked, the House Officer on duty for field service is responsible for the restocking.

This protocol is designed to give us the opportunity to charge fairly and accurately for our medications while improving our inventory management and stock rotation to reduce waste associated with expired medications.

EQUINE PROTOCOL

Welcome to the Equine Rotation!

The equine faculty and house officer 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 disease. 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 (VMTH: 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.

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. Typically the surgery group receives on Mondays, Wednesdays, and Fridays and the medicine group receives each week day. Field service and theriogenology calls are made on a daily basis and are scheduled by the Field Service Clinician and the Theriogenologist.

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 the day book of scheduled appointments and assign yourself to a case of interest to you. 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. The student should not write on the case summary sheets. These pages will be completed by the attending clinician. 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 for recording the results of lameness, neurologic, neonatal, theriogenology, and colic examinations. The 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. Please take special care to complete all forms in a legible fashion using black or blue ink and sign your complete legal name. 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. Take the green hand record (out patient) and have a gray/blue (in patient) record prepared. The animal caretaker will be of considerable assistance in getting the animal fed, bedded, and watered in a timely and correct fashion. The Large Animal Desk personnel can contact an animal caretaker to assist you. Please do not feed or bed an animal except after hours and then only upon the instruction of the house officer on duty. 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.

Students must place a stall card on the outside of the stall and a stall instruction card on the inside of the service door for animal caretakers. The record must be labeled and filed in the records rack in the records room. All cases must have stall cards 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, the interior stall instruction card is reversed and checked to provide the appropriate instructions to the barn personnel relative to feeding of the patient on the morning of surgery. 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. It must be neat, legible, accurate, and current at all times. Please maintain the record in the order as described in the hospital protocol, taking care to be certain that all similar sheets are grouped together and in chronological order. Serial sheets such as ICU flow sheets must be chronologically numbered and dated. When 3 or more pieces of lab work are present, you should initiate and maintain a dated and numbered flow sheet. Remember that the medical record is maintained permanently and may be read in the future by persons not associated with the VMTH. Please transcribe your observations, and treatments, in a complete, legible and professional manner.

RECORDING

Progress notes

A daily entry of the temperature, pulse, and respiration on the left hand column and SOAP evaluation on the right should be made. Please number and date all Progress Notes and maintain in chronological order. Problem oriented medical record keeping format must be followed as presented in the clinical skills curriculum. Medical treatments must be completed and morning treatment notes written 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 intern on duty, prior to going to class or electives. The equine interns will be present and in the hospital to assist you with questions or problems you might have. The assessment aspect of the SOAP need not be completed until 9:00 PM of that calendar day. 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. All records must be legibly signed by the attending student. Records should remain in the records room (ie: please refrain from taking records home, to the conference room, lunch room or library).

Selected records

1. Anesthesia Form

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 forms may be obtained from the anesthesia service or the equine records room. Emergency procedures should be brought to the attention of the anesthesia service as soon as possible to facilitate their handling.

2. Surgical Record

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. Also, please record the assigned charges for surgery, anesthesia, and surgical materials and supplies on an A.P.R. form. A surgical report form should be completed for all surgeries, no matter how major or minor, including castrations and wound closures.

3. Intensive Care Monitoring Sheet

All horses maintained on intensive care must be assessed and evaluated as instructed by the clinician on duty or as directed by the written ICU orders. While the ICU 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/fiscal record and the primary delivery of patient care. All ICU sheets should be identified by patient, date, and time and arranged in chronological order. Tic sheets need to be submitted daily. If at any time, there are questions about the medical orders, or any significant change in the patient's status, the clinician on emergency duty should be advised immediately. Never hesitate to contact any equine clinician at any hour of the day or night regarding the condition of a patient.

Equine ICU care is provided by underclassman students, a technician, and equine students according to a schedule. It may be necessary to call ICU students as early as 5:00 PM when special situations require. Designated ICU students should plan to be available from 5:00 pm until 9:30 am the next morning.

4. Histopathology

Tissues must be submitted immediately following collection or as soon as possible following surgery. Submissions must be accompanied by a histopathology form which has been filled in by the student.

5. Necropsy

All animals which are submitted to necropsy must tagged and identified. Shoes, plates and catheters must be removed from the body. 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. 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 signed by the senior clinician.

All cases will be weighed and groomed for discharge. All medication must be appropriately packaged and identified. 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. Please make an effort to deliver patients to the owner, not vice versa. 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).

At the time of discharge, students should check that the record is assembled in the following order:

- A. Discharge Orders
- B. Admission and Case Summary

- C. History and Physical Examination
- D. Working Problem List and Initial Plan
- E. Progress Notes in chronological order
- F. All other services (Clin Path, Radiology, Ultrasound, Surgery Anesthesia, SMS, ICU and Medical Orders Sheets) - in order of date done as noted previously and as described in the medical record protocol.

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, student should submit all clinical pathology requests by 8:00 a.m. Anesthesia and surgery requests as well as in-house radiology requests should be turned in before 3:00 p.m. All requests should be filled in completely and approved by a clinician. Radiology requests must be reviewed and countersigned prior to submission.

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. 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. Please check with a clinician on your service before tying any horse for the first time. Horses may injure themselves if tied and left standing. (Some horses do not tie). A quick release knot will be used for all tied horses.
3. Please 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! Please do not make intravenous injections without removing the needle from the syringe to avoid intra-arterial injection. Please use an 18 or 19 gauge 1-1/2" needle in adult horses for this purpose.
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.
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.

NIGHT DUTY OBLIGATIONS

Emergency Duty

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.

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 fire 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.

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. As a general rule, grain should not be fed to horses during

the evening or night shift. 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

For at least one day of the rotation, all equine students will participate in an internal rotation on Intensive Care Duty. The ICU schedule will be in blocks of a week and required days of ICU service which will be dependent on the schedules of the ICU service and veterinary technician.

Students on ICU are expected to be present for their service responsibilities at 10:00 p.m. and remain on duty through 9:30 a.m. In special situations, it may be necessary to activate the ICU service earlier in the evening (5:00 p.m.). While very unusual, ICU students should make themselves available at any time after 5:00 p.m., if needed.

Students on ICU duty must be present and in-hospital for the entire shift unless specifically instructed otherwise by the on-duty clinician. Two students are present to permit operation of a buddy system while treating horses in the barn (personal safety reasons). Please do not treat horses alone. ICU students coming on duty should familiarize themselves with the verbal (from the emergency students) and written orders of each case receiving medical care during their shift. ICU students will provide constant or intermittent care as ordered for all ICU cases while on duty. ICU students will make rounds through the barns every 60 minutes throughout the evening, even if none of the patients are receiving emergency or ICU care. It is essential that we monitor the well-being of our patients throughout the day and night.

ICU students should contact the night on-duty intern (1st) or the appropriate resident (2nd) at any time of the day or night that they might have a question or concern regarding any patient in the hospital. Do not hesitate to contact any of the clinicians if you need help or have concerns.

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 Deportment 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 and we should clean up after ourselves. 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 (no blue jeans in the VMTH) and shirts with VMTH logo.
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 techs and the surgery with the surgery techs by 3:30 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 special X-ray studies or bathe the patient prior to surgery.

Students should check with the surgical technician prior to surgery to assist in preparing the surgery areas. The surgery student should identify other surgery students who will assist the surgery tech with the surgical prep, room setup, and maintenance of the SMS sheet. It is important that the medical record for the patient accompany the patient to the surgery area where it should be left in the possession of the surgery tech until the horse recovers from anesthesia. At that time, the record should be returned to the record room when the horse returns to the barn.

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. Please return patient radiographs to radiology.

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

Students will be assigned to field service for a two week period. Field service students will not have primary care of hospitalized patients during their week of field service. They may however, participate in patient care of other patients when not busy in field service responsibility.

Students are responsible for making up medical charts, submitting lab work, and checking for lab results for all ambulatory patients. Medical records must be completed, including an initial problem list, differential diagnoses for

problems identified, and the diagnostic and treatment plans instituted. All medical records should be filled out before the students leave at the end of the day, and optimally immediately after each call.

The equine truck must be kept clean. The equine ambulatory students are responsible for removing all trash from the truck and for returning all equipment, supplies, and drugs to their proper location in the truck after use. The students should double-check to see that the truck and all "boxes" are locked, and that the truck is plugged in, before leaving the truck for the night.

Students are responsible for checking the field service appointment book each evening for the following day's appointments. Also, the students should check with the Large Animal Desk personnel and with the ambulatory clinician for additional calls by 7:30 A.M. daily. Students should be in the records room, prepared to leave on calls, 15 minutes ahead of the scheduled departure time. The field service students should be in the hospital by 7:00 A.M. to assist their peers on the medicine/theriogenology services. Field service will be active for routine appointments from 7:30 A.M. Monday - Friday.

Field service is your opportunity for involvement in general practice relative to the horse. Please make the most of this opportunity and make the clinician aware of specific topics which are of concern or interest to you.

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. 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 VMTH 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. For herds on approved programs or contracts, the involved faculty will place on file with the Large Animal Desk and Dispensary, a list of the pre-approved medications and the specific names of persons authorized to acquire these medications on a routine basis as part of each herd program.

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. The students on emergency duty are ultimately responsible for making sure the hospital is cleaned up each night they are on duty.
6. 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 Monday, Tuesday, Thursday, and Friday 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. One 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 (day/ICU/Emergency)
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.

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

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. Review instructive comments left in the record by the reviewing house officer. Attend Mini-electives as required.

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. 5:00 P.M. Late day rounds are conducted near or after 5:00 P.M. 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. 6:00 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. 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.

EMERGENCY AND ICU DUTY

1. Emergency Students Responsibilities
 - A. Make rounds through hospital with on-duty Emergency Intern when starting your shift.
 - B. Check on case needs, review evening/night treatments with student peers.
 - C. Be prepared to assist with emergency accessions to the hospital.
 - D. Maintain ICU case care from 5:00 P.M. - 10:00 P.M. Contact the Emergency Intern, Resident or Senior Clinician if you have problems or questions about cases. Note: If extremely busy, the clinician may call in ICU shift students early.
 - E. Make rounds through hospital every 60 minutes to ascertain that all horses are well.
 - F. Compare the magnetic board in the records room to the actual distribution of cases throughout the hospital and correct the records room board.
 - G. Before leaving at 10 P.M.
 - I. Review cases with ICU students and technician

- II. Assure that all animals have hay (except those planned for anesthesia)
- III. Assure that all water buckets are filled (except where prohibited)
- IV. Assure that fire doors at the end of each aisle are closed to keep horses out of grain and hay storage.
- V. Assure that doors to I-70 and Receiving remain closed when DMSO signs are up.
- VI. Assure that key is not left in outside roller door control box.

2. ICU Student Responsibilities

- A. Familiarize yourself with medical orders and discuss cases with departing emergency students to ascertain plans for all ICU patients.
- B. Provide ICU care throughout night to all cases, working together when treating animals. Contact the Emergency Intern, Resident or Senior Clinician if you have problems or questions.
- C. Assist with the care of emergency admissions arriving after midnight. Clinicians may recall primary and back-up emergency students if needed.
- D. Make rounds through hospital every 30-45 minutes to assure that all horses are in their stalls and not in distress.

EMERGENCY AND ICU DUTY SCHEDULING

The primary students scheduled each evening are on duty, in house, for that particular evening. Students are not to switch assignments without the expressed written consent of the Section Head and Departmental Office.

Field Service students should be prepared to have two representatives present to help with treatment times at 7 A.M. and 7 P.M., including weekends.

Night treatments are 11:00 P.M. TID and 1:00 A.M. QID's will be done by the ICU duty equine students. All treatments must be signed up on the list by 7:00 P.M. and be prepared, labeled with the patient's stall, name, case #, and placed in the carry-all or labeled and placed in the ward refrigerator. Verbal communication with the duty students should supplement this process. The primary case care student is ultimately responsible to see that the drugs are given and recorded properly. At any time it may become necessary to call in all available equine students to assist with quality health care delivery.

INTENSIVE CARE UNIT PROTOCOL

Please do not let all of the rules overwhelm, frustrate, or insult you. These rules are necessary to maintain the quality of patient care and the smooth, professional operation of ICU. We want you to participate fully in the care of patients in ICU and have a positive learning experience.

MENTAL AND EMOTIONAL WELL BEING OF PATIENTS

1. Good nursing care is as important as any medical treatment you will provide. Grooming patients is an important part of nursing care. You can use damp cotton balls or a soft toothbrush to clean the face and a regular brush to comb the rest of the body.
2. Animals that can be walked need to be 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.
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.
5. The dreaded "WILL BITE" sign, determine why or when an animal will bite. Most of the time, the patient is painful or scared. These patients especially need extra time spent soothing them between treatments.
6. Handling cats. Less restraint often means less resistance.
7. REMEMBER: Treat your patients as if they were your own pets.

STUDENT ICU DUTY

A registered veterinary technician will be present in ICU from 7 A.M. - 4 P.M. and 4 P.M. - midnight, Monday through Friday. Student shifts will be 7:15 A.M. - 4 P.M., 3:45 P.M. - midnight, and 11:45 P.M. - 7:30 A.M. The student assigned to the day shift Monday - Friday must check in with the veterinary technician between 7:15 and 7:30 A.M. The veterinary technician will advise you if and when she will need some help during the day, and what time you will need to be there to cover for lunch. If the day veterinary technician is on vacation, the student assigned during the day will need to cover ICU and must be in ICU by 7:15 A.M. The student on duty in the evening must be in ICU by 3:45 P.M. If you are in the middle of a surgery or discharging a patient and cannot leave, it is your responsibility to have another student cover for you in ICU, until you can be there. Monday - Friday there will also be a registered veterinary technician present in ICU to assist the student and the interns. **Please be in ICU on time. The evening shift begins at 3:45 P.M. and the overnight shift begins at 11:45 P.M.**

There is a Back-up ICU student assigned to each ICU shift. The decision to call this student in will be made by Dr. McMurphy, the intern on duty, or the primary clinician on a case in ICU. If you feel you need assistance from the back-up student please notify the intern on duty. When there are patients in isolation, the back-up ICU student will be called in to watch isolation.

ICU students are responsible for knowing the times of their scheduled duty. They are to presume ICU will be in active operation and that their presence will be required as scheduled, unless notified otherwise.

Duty schedules may be altered. Any changes are the responsibility of the involved students. Duty changes must be approved by the Departmental Office, and appear on the ICU Schedule. (See Student Emergency/ICU Duty protocol.)

ICU students are there to treat ICU patients. Evening and overnight ICU students should not be treating or making observations of animals in the ward or examination rooms. ICU students should not leave ICU at the end of their duty period until the oncoming student or veterinary technician has been completely oriented about the cases and ICU has been cleaned.

During the shift change review the status of, and orders for each patient with the ICU student or technician on duty. Do a quick physical examination and check the patency of the IV catheter on each patient at the beginning of your shift. Students should discuss each case, especially:

1. Drug administration and location of drugs
2. Resuscitation instructions
3. For cardiac/pulmonary patients: both parties should listen to the chest and compare notes
4. When clinician is to be notified

Attire: Clean scrubs and a white lab coat must be worn when you are on duty.

ICU STUDENT RESPONSIBILITIES

1. Monitoring the variables listed on orders sheet.
2. Administering medications and treatments as specified on orders sheet.
3. Maintaining complete, accurate and legible records of variables monitored, medications or treatments provided, and changes in the patient's clinical status. This includes keeping the ICU charges Tic sheet current.
4. Calling the assigned student, clinician, or intern on duty, whenever assistance or guidance is needed.
5. Notifying the attending clinician of any changes in clinical status that may require new or modified orders or client communications -- Refer to orders sheet for notification instructions. If a patient dies in ICU, the clinicians must be notified immediately -- Do not wait to notify clinician for any reason.
6. Beginning resuscitation if a 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.
7. Keeping the patient as clean and comfortable as possible.
8. Checking all catheters for patency and the leg for any swelling.
9. Insuring that the rate and type of IV fluids is correct.

GENERAL RULES FOR ICU

1. Intensive Care Unit (ICU) Telephone Number is 532-4140 or 532-4141. This number should not be given to clients. Please do not call clients from ICU phones. The number will be displayed on caller ID and owners assume this is the number to call regarding the status of their pet.

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 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 sharps container is full, close the container appropriately, place out in the hallway and obtain a new one from ward services. Do not overfill!!
7. Rounds will not be held in ICU.
8. Please do not sit on the counters.
9. No food in ICU. Beverages are permitted.
10. ICU should not be used as a procedure room for patients that are not in ICU.
11. Drugs on ICU shelf are for ICU patients only. Make sure that drugs used are marked on patient's tic sheet.
DRUGS IN CRASH CART ARE ONLY USED FOR EMERGENCIES!!!
12. No equipment will be borrowed without permission from an ICU veterinary technician or Dr. McMurphy.
13. ICU is not Central Preparation or a dispensary. Do not take supplies for patients not in ICU.
- 14. Wash hands between patients.**

GENERAL RULES FOR CARE OF PATIENTS IN ICU

1. Patients admitted to ICU remain the primary responsibility of the attending clinician.
2. Animals with known or suspected infectious diseases must be placed in the isolation ward.
3. The patient in ICU must be identified by using a cage card. Include on the cage card; clinician's name, student's name, date of admission to the hospital and the diagnosis or presenting problem
4. New orders for each ICU patient must be provided by 8:30 A.M. each day. The orders must be signed by the student and the clinician.
5. The patient's record should remain in ICU. The record may be removed only if taking it to rounds or with the patient to anesthesia. Please notify the veterinary technician on duty that you are removing the animal's record.
6. All treatments, monitoring or pertinent observations (i.e., development of vomiting or diarrhea) must be recorded on ICU Order Sheet.

7. High risk patients are treated first; patients with resistant organisms last.
8. Gloves must be worn when handling any patient for any reason. A clean pair of gloves must be worn to handle each patient (i.e. change gloves between patients).
9. Do not leave any animal unattended in an open cage or on an examination table.
10. Only two pieces of bedding allowed in each cage. 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 by case number and owner's name and placed in patient's box until needed.
12. Drug infusion 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.
13. Catheter and Tube Labels. **All tubes and catheters other than venous catheters, will be labeled with the appropriate labels.** Additionally a label should be placed on the patient's daily ICU order sheet in the upper right-hand corner. 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, chest tube, and nasal insufflation.
14. **Use a new syringe of heparinized saline each time you flush a catheter.** There are pre-filled syringes of heparinized saline available. These are single use syringes.
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 are allowed.
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 technician on duty.
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 let the veterinary technician or student on duty know when an owner is coming to visit. The patient should be taken to an exam room for a visit, if possible. When owners are in ICU visiting their pet, the student should be there at all times, and the visit should be 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 with you to ICU.

22. Once a patient leaves ICU, the cage is to be cleaned, medication box cleaned out, orders filed, radiographs returned and the record removed. Medications not used for the patient should be returned to the dispensary.

SMALL ANIMAL ICU FEES

All charges for the previous day in ICU will entered by the Small Animal Discharge/Emergency Desk personnel.

ICU Fee includes only daily observation. A charge should be entered for any procedure, tests, drug, or supplies (urinary or IV catheter, bandage material, T-ports, injection caps, extension sets, drip sets, fluids, etc.).

An ICU daily tic sheet should be hung on the patient's clip board and marked accordingly when supplies are used or procedures are performed.

A new ICU billing sheet ("tic sheet") should be completed for each day the animal is in ICU. These sheets are the responsibility of the student in charge of the case, but any procedure that is done or supply that is used for that patient should be marked on the tic sheet by the person doing the procedure. Place the current tic sheet on the clip board behind the order sheet. This sheet should be marked accordingly by when supplies are used or procedures are performed. The following morning this tic sheet is placed in the bin outside of ICU, and a new tic sheet hung. The Small Animal Discharge/Emergency Desk personnel will pick up the tic sheet and enter all charges. If a patient is going home on the weekend, please take all remaining tic sheets to the Small Animal Discharge/Emergency Desk so that the charges can be entered.

ICU ORDERS AND FLOW SHEET

1. **ICU orders must be written by 8:30 A.M. each day.**
2. Stamp the orders sheet and fill out a cage card for the patient. On weekends and night, be sure the emergency case number is on the orders and the cage card.
3. Enter the date that the patient was admitted to ICU and the current date.
4. The patient **must** be **weighed** every day. This is very important when trying to assess fluid requirements. Record the entry weight (in kilograms!) and the current days weight.
5. Enter the ICU cage number.
6. Enter the clinician and student in charge of the patient, and a beeper number and phone number for each.
7. The name of the student responsible for ICU should be entered on the appropriate line. If the back-up student has been called in to care for patients, there name should be entered also.
8. Circle the patient's resuscitation code:
CODE 0: do not resuscitate
CODE 1: CPR with external cardiac massage and drugs only
CODE 2: maximum (may include internal cardiac massage)
9. Complete the working problem list. Please be sure this list is current. Do not simply record what the problems were when the patient was admitted to ICU, these may have changed.
10. Record instructions for feeding. Circle NPO (nothing per os) or water only if those apply. If the patient is to be fed, give specific instructions.

11. List all drugs the patient is to receive, the dose (in mg!), the route, and the frequency.
12. List the fluid type (if any) the patient is to receive, any additives such as KCl which are place in the fluids, and the rate of administration.
13. Make any comments necessary about the fluid therapy, such as decreases or increases in rate and the specific time it is to occur.
14. Note the current IV catheter sites and the date and time they were placed.
15. List all other instructions that have not been addressed under drugs, fluids, or feeding. Note the frequency of the TPR. Please be specific in your instructions, and note anything about which a clinician wishes to be called. For example: monitor the heart rate every 4 hours and call the clinician if less than 50 beats per minute.
16. Both the student on the case and the clinician **must** sign the orders. The student on the case may write the orders but should go over them with the clinician and have them signed.
17. Record the drugs that are to be given (from the ICU orders) onto the flow sheet. Highlight the times that the drug should be given.
18. Mark the boxes of any of the parameters which are to be monitored. Highlight the boxes under the times that they are to be recorded
19. 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.
20. If PCV and TP are being monitored, highlight the times they are to be taken. Note other laboratory tests (i.e. blood glucose) that are to be done and highlight the times.
21. If the orders instruct fluid or food intake to be recorded, highlight these.
22. List the fluids to be administered. Fluids should be recorded every hour. The space before the slash mark is the amount given over the last hour and the space after the slash is the total that the patient has received for that day.
23. Note on the record is the animal has urinated, under the time that it occurred. If a urinary catheter is in place and the amount of urine is to be recorded, highlight the times it is to be measured.
24. Any emesis or diarrhea should always be recorded on the flow sheet by the veterinary technician or student in ICU.
25. List any treatments other than those listed previously and highlight the times you want them done.
26. Any observations that are not recorded on the flow sheet should be recorded on the back page along with the time that they occurred.

MEDICAL RECORD PROTOCOL

KSU-VMTH Protocol for Problem-Oriented Veterinary Medical Records (POVMR) system.

1. On each patient the DATA BASE (history, physical examination, laboratory data) should be obtained and recorded on the history and physical exam page of the medical record.
2. Record ALL problems identified in the data base in the PHYSICAL EXAMINATION/ ASSESSMENT FORM (PEIA). Date and number each problem.
3. For EACH active PROBLEM on the PEIA develop an INITIAL PLAN. The initial plan includes the ASSESSMENT (Rule-outs in order of probability), and INITIAL DIAGNOSTIC AND THERAPEUTIC PLAN. The initial plan should include tests you feel should be done for the initial evaluation of the problem.
4. PROGRESS NOTES must be recorded for every active problem as often as the progression of the problem requires (minimum of once daily). Progress notes are written in narrative form using the SOAP format.

PROBLEM TITLE

S: SUBJECTIVE, record subjective clinical information (i.e., history, attitude, appetite).

O: OBJECTIVE, record objective clinical information such as body weight, temperature, significant lab data and radiographic findings. Flow sheets should be used to record lab data on patients with multiple lab sheets.

A: ASSESSMENT, most important part of medical record for evaluating students

This is the portion of the record where the interpretation of the subjective and objective information should be made. Use this section to discuss the rule-outs (R/O's) and the information supporting your R/O's and/or what needs to be done to further define the problem. This section should identify and explain changes in the level of understanding of the problem(s) and how this problem relates to the animal's other problem(s). This section is an analysis of information, not a repetition of data.

P: PLAN: This section is for recording the revised diagnostic (Dx) and therapeutic (Rx) plan. Explain the purpose of the diagnostic and therapeutic plans. For all medications, record the form, dose, route of administration and time to be administered. For each Dx and Rx plan there should be a box ([]) behind it which should be checked when test is in ([/]) and when the Dx or Rx has been done([X]).

5. Upgrade the PEIA list as problems are refined.
6. Record in the appropriate column on the Progress Note page of the record: appetite, urine and feces data on a daily basis. Record the temperature, pulse/heart rate, respiratory rate, and body weight daily.
7. **SIGN AND DATE ALL ENTRIES IN THE MEDICAL RECORD.** If this is not done the record will not be complete!

An accurate record of ALL drugs, surgery, dressing, etc., must be maintained in each case (special forms are available in all record areas). It is the responsibility of the student assigned to the case to see that this is done. The student assigned the case should estimate the current charges on a daily basis.

All records are confidential. Release of information contained on case records shall be by the medical records personnel. If there is a possibility that the record could be used in court, then the clinician and Hospital Director will be notified. Please do not discuss cases with any outside person other than the owner or his/her designated representative.

Re-assignment of cases will occur at the time of group rotation. A student receiving such a case will proceed with a thorough physical and complete a review of the active problem and diagnostic and therapeutic plans.

NO CHANGE IN THE COURSE OF THERAPY WILL BE MADE WITHOUT PRIOR AUTHORIZATION OF THE CLINICIAN IN CHARGE. STUDENTS SHOULD NOT USE CONSULTATION WITH CLINICIANS WHO HAPPEN TO BE AVAILABLE IN THE AREA AS A REASON TO FOREGO CONTACT WITH THE CLINICIAN IN CHARGE OF THE CASE.

Goals of the rotation

The emphasis of this rotation is to improve your understanding of the biologic behavior, diagnostic approach to, and the rationale for treatment of common tumors. Skills to master on this rotation include fine needle aspiration, biopsy techniques, chemotherapy safety and administration, client communication abilities, and a basic understanding of radiation therapy.

Rounds

Oncology rounds are held Monday through Friday from 9:00 - 10:00 AM in the conference room (C101A) across from radiology. These rounds are topic rounds; however any hospitalized patients will also be discussed in the mornings.

Always check with your clinicians before leaving for the day.

Receiving

Oncology receives patients daily, including Fridays. Please make sure you sign up for cases. Students should sign up for cases before morning rounds. Even if you are not signed up for a case, you still must be available for any add-ons or emergencies. In most cases, the front desk will page the student signed up for the case when the client arrives, please answer that page as soon as possible. If there is no student signed up for a case or the case has been added on, the front desk may need to page overhead for a student. Please listen for these pages. Explain to the client who you are and how the appointment will proceed. Do not assume that the owner understands how a teaching hospital works, however, most of our chemotherapy patients have been to the hospital many times.

If the patient is in for routine chemotherapy, you do not need to take the client into an exam room unless the client has concerns. Please obtain a history since the last visit and as long as the animal is doing well, you may take the patient to the ward after weighing the patient. Please check to make sure that we have a correct cell phone number for the client and let them know their pet should be done in 3-4 hours. We will call them if they are done sooner.

If there is a record already made for your case, you should try to take the time to read this over before rounds or before seeing the case. This will allow you to be somewhat familiar with the case before meeting the owner. You may also ask the clinicians or the oncology technician for a brief case summary, as many of our patients have a voluminous medical record.

During an appointment, you will take a thorough history. Important things to ask include: what is the presenting complaint; how long has it been going on; have any tests been done, if so, what were they and what were the results; has the animal been treated with any medications, if so, what were they and what was the response (don't forget doses, frequencies, and how long the drug was given). Also, always get a weight and record it in the medical record and in VetStar.

Next you will perform a physical examination. It is very helpful to develop a routine and consistently use that routine. This will prevent you from forgetting part of the physical examination.

NOTE: Do not attempt to take a temperature or do a physical examination on an aggressive animal without a muzzle or an assistant to restrain the patient.

Presenting a new case to the Clinician

Once you have obtained your history and physical examination and formulated a problem list, differential list, and plan, page the clinician who is signed up for that case. The presentation should be done as you would present a case in rounds. Begin with the signalment and the problem for which the animal was presented. Next, go over the pertinent facts in the history and any abnormal PE findings. Then present your problem list with differentials for each and your plan. You and the clinician will discuss briefly, then return to the examination room. Again, we do not want the clients to have to wait too long to see a clinician.

Generally, the clinician will formulate an estimate and notify the owner. Before the owner leaves, make sure we have correct client phone numbers, including cell phone numbers. Ask the owner if our referring veterinarian information is correct (or if they have a referring veterinarian if one is not listed). Please obtain that information if necessary. If the patient will be hospitalized overnight, it will be necessary to stop by the discharge desk so the client can leave a deposit.

You may find it helpful to place a patient's sticker on a 3x5 card or notebook page to keep track of the patients that you see. It may also be helpful to write any pending tests on these cards to help you and your clinician remember when a client needs to be notified. Please input all client or referring veterinarian communication into the VetStar communication log. Client communication documentation is extremely important.

Hospitalized Patients

Clients must be contacted daily when their pet is hospitalized regardless of reason. Good communication can prevent many problems. If there is ever a time the clients have questions you cannot answer, please discuss with the assigned clinician so those questions can be answered. In general, clinicians will speak to owners regarding important decisions, e.g. surgery or deteriorating conditions.

SOAP's are required daily on all in-patients. Refer to the SOAP section in your student handbook for detailed instructions. All in-patients should have a PE, orders (especially ICU), SOAP, and pertinent tests submitted before rounds in the morning. You are responsible for all treatments on your patients, with the exception of those in ICU (you are responsible for the ICU 7:00 AM and 7:00 PM treatments).

Support Services

Please provide an accurate, concise, yet detailed history when submitting requests for radiology, histopathology, and necropsy. A good history is very important in interpreting any test result.

Discharge Procedures

The day an animal is to be discharged, please complete discharge instructions using the discharge form in VetStar. This should be done as soon as feasible. When writing instruction, remember to whom you are writing them. Clients may not understand the terms anorexia or neutropenia; write the instructions in layman's terms. Make sure to include medication instructions: the dosage and amount (2.5 mg or ½ tablet). A copy of the discharge instructions will be sent to the referring veterinarian by the medical records personnel. When mentioning the referring veterinarian, do so by name. Do not use terms like "call your veterinarian or DVM".

Before the client arrives, make sure the following have been done: prescriptions written and meds to go home are ready, have the clinician sign the discharge orders, return the record to the discharge desk, make sure the patient is clean and dry (it may be necessary to bathe the patient prior to discharge).

Students should not release patients without the clinician present, unless specifically asked to do so.

You and the clinician should speak to the client before bringing up the pet at the time of discharge. Clients will not hear what you say once the pet is in the room!

All patients must have identification collars, stamped cage card with student, clinician, and date, and be weighed in kilograms.

New Patients

History and physical examination

Minimum database: CBC, Chemistry profile, and UA (all blood samples will be taken from the jugular vein) These tests may not be necessary if recent tests accompany the patient.

When filling out requests for radiology, histopathology, etc, make sure you give a complete history.

If the patient has had a biopsy done elsewhere and it was sent here, please call the diagnostic lab for a copy of the report.

Chemotherapy patients

1. Weight in kilograms
2. CBC - use jugular vein (Write "prior to chemo" on the request)
3. Physical and TPR - go over your findings with the clinician
4. Calculate drug dosages
5. When CBC is done, clinician will order drugs
6. Begin working on discharge instructions using the oncology discharge template in VetStar.

OPHTHALMOLOGY SERVICE PROTOCOL

Goals of the rotation

The emphasis of this rotation is to teach students how to recognize and treat the common eye problems seen in private practice and when to refer patients to a specialist for ophthalmic problems. Techniques or skills to master during this rotation include performing an ophthalmic examination, fluorescein staining, Schirmer Tear Test, and tonometry. It is also important to recognize when certain diagnostic tests are contraindicated (i.e. Schirmer Tear Test in an eye with a deep corneal ulcer).

You are expected to be familiar with common ophthalmic medications prior to beginning the rotation (tropicamide, atropine, proparacaine, anti-inflammatory medications, anti-glaucoma medications, and topical antibiotic medications).

You are expected to review your ophthalmology lecture notes from third year prior to the beginning of the rotation.

We give quizzes during the course of the rotation.

Rounds

Ophthalmology rounds will begin in room E102A at 8:30 a.m. Monday through Thursday. We will meet in room E102 at 9:30 a.m. on Friday mornings. (Resident rounds are from 8:00-9:30 a.m. on Friday mornings).

Receiving

We receive cases on Monday, Wednesday, and Friday. Our first case on the Monday of a new rotation is as 10:00 a.m. **so be prepared to perform a complete ophthalmic exam.** We perform surgeries on Tuesday and Thursday. You are expected to wear appropriate clothes on receiving days (and a clean lab coat) and scrubs for surgery days. Sign up for cases (name and pager number) at the small animal desk each morning prior to rounds and bring completed copy to the ophthalmology conference room (E102A).

You will be expected to sign up for emergency duty with your classmates and the emergency student will be responsible for evening and weekend in-house patient treatments.

Ophthalmology equipment is very expensive, please handle it with care. We will demonstrate how to use the slit-lamp for examination of the anterior segment of the eye, but we encourage you to use a transilluminator and head loupes because that is what will be available to you in private practice.

One of the doctors will briefly examine each animal before your examination and we will discuss with you if there are any diagnostic tests that should NOT be performed in that patient. Some diagnostic tests are contraindicated in certain situations (i.e. dilating a patient with a history of glaucoma, pupillary abnormalities, iris abnormalities, or sub/luxated lens). If you are concerned about whether or not to perform a diagnostic test on a patient, please ask one of the clinicians.

You are expected to take a history, perform an ophthalmic examination, and present the case to the clinician. When presenting the case the signalment, presenting complaint, history, ophthalmic findings, differential diagnoses, diagnostic plan, and treatment recommendations should be discussed.

Please see Appendix IV as examples of a completed examination form, VetStar instructions to prepare a discharge letter, a completed ophthalmology discharge letter, and a discharge cover sheet have been provided for you.

It is your responsibility to fill out the examination sheet completely. The discharge letter will be sent to the referring veterinarian. Do not use veterinary abbreviations (OD, OS, OU, KCS, etc.). The discharge instructions should contain

clear instructions for the owner. Discharge letters are created in VetStar. Once you have completed a rough draft, one of the doctors will proof read it on the computer. Once approved, you can print 2 copies of the discharge instructions and a fax cover sheet from VetStar.

You are responsible for submitting all blood, cytology, or histopathology samples on your cases. Remember anesthesia requests need to be in **NO LATER THAN 3:30 p.m.** You are responsible for calling owners and giving them an update for all in-house patients at least once daily. All communications need to be logged in VetStar. Owners should also be called when we get any laboratory results (you should consult with one of the doctors before you call the owner).

Hospitalized Patients

Small animal ophthalmology patients are admitted to Ward 2. All treatments and SOAPs are to be completed prior the beginning of morning rounds. If you have a patient in the hospital over the weekend, you will be responsible for SOAPing the patient daily and meeting with the attending clinician on the case. Equine cases and small animals in ICU should be SOAPed twice daily. Horses will have an equine medicine student assigned to the case also to help monitor for general health changes. It is the ophthalmology student's responsibility to keep the medicine service updated on the patient's ophthalmic status. A horse's daytime treatments can be divided between the equine medicine student and the ophthalmology student on the case, but it is the responsibility of the ophthalmology student to ensure that the treatments were administered and that the medical record is kept updated. Under no circumstances should an equine medicine student SOAP the horse at 7am or 7pm.

Discharge Procedure

Before the client arrives, make sure the following have been completed: prescriptions written and medications to go home are ready; have the clinician in charge of the case sign the discharge instructions; print a fax cover letter for the referring veterinarian; and return the record to the discharge desk. All patients that are discharged from the hospital should be clean (please consult with a clinician before bathing a patient). You should bring the owner into an examination room to go over the discharge instructions. You should go over the discharge instructions and medications with the owner and have the clinician speak with the owner **BEFORE** you bring the pet into the examination room.

Ophthalmic Examination

1. A history of the animal's eye problems, general health problems, and potential genetic problems should be taken. This should include all medications the animal is on (including dosage/frequency/and response to therapy).
2. The examination room should be quiet to prevent the animal from being distracted which makes the examination difficult. The room should be dark to allow greater visualization of the intraocular structures.
3. Vision assessment should be done prior to examination of the eye. This may be accomplished by observing the animal as it walks to or in the room. The use of obstacles will help when setting up a maze test. The lights should initially be on and then turned off to determine if there is a change in behavior.
4. Once the animal is on a table for examination a menace response should be elicited, being careful not to stimulate the cornea with air currents or touch facial hairs.
5. Examine the animal at eye level (being seated on an adjustable chair/stool is ideal) with an assistant gently presenting the head for ocular examination.

Restraint of the patient

1. Prior to animal restraint the face should be carefully evaluated. Touching the animal's face or stressing them may alter the exam findings.
2. Evaluate for symmetry and evidence of neurological problems such as head tilt, ear droop, or loss of muscle mass. Evaluate eyelids for conformation prior to touching the face. The eyelid margin should be visible along all edges.
3. Evaluate the eyes to determine if they are both tracking and are of equal size. Viewing the globes over the surface of the head helps to determine if one eye is further forward than the other. Place your face behind or above the animal's ears and look across the superior eyelids.

Retrobulbar palpation

1. Tests the orbit to determine if there is a mass posterior to the globe.
2. Place hands over both eyelids and gently push the eyes into the orbit, feeling for pressure preventing the globes from moving deeper into the orbit or asymmetry.

Transilluminator - This bright light source allows you to examine the eyelids, conjunctiva, cornea, anterior chamber, iris, pupil, and lens (anterior capsule/anterior cortex/nucleus/posterior cortex/posterior capsule). A magnification loop or glasses aids in visualization of the eye. Variation in the form of illumination highlights various portions of the eye, making lesions more easily identified.

1. Direct illumination - view eye from the same direction as the light
 - A. Diffuse light - light source is held far from the eye
 - B. Focal light - light source is held close (1 cm) to the eye
2. Transillumination - shine the light across the eye and view from a 90 degree angle
3. Retroillumination - reflecting light off the fundus to illuminate intraocular structures. Ocular lesions may appear dark against the tapetal reflection (e.g. cataracts).
4. Slit beam of ophthalmoscope - using this as an illuminator highlights changes in shape of location of structures. Using a head loop, or magnification glasses, while the slit beam is passed transversely across the eye creates a form of slit-lamp biomicroscopy. This is useful for assessing the depth of lesions.

Pupillary light reflexes (PLR)

1. Note the size of the pupils with the lights on and off. Note the size of the pupils relative to each other (as well as normal). If there is anisocoria determine which pupil is abnormal. Stressed animals may have large pupils that are slow to respond. Patience and a bright light will aid the response.
2. Direct - shine the light in one eye and watch that eye for pupillary constriction. This tests cranial nerves II and III, as well as the retina, optic nerve, and optic tracts.
3. Indirect (consensual) - shine light in one eye and watch the opposite eye for constriction.

4. Remember it is possible to have a PLR and no vision, as well as vision and no PLR.

Schirmer Tear Test - measures aqueous tear production (normal is >15mm/min)

The test is completed by bending the strip at the notched mark, placing it in the lower conjunctival fornix and holding it gently in place for 1 minute. This test does not have to be performed on feline or equine patients.

Fluorescein Stain - stains the corneal stroma

1. This test detects corneal ulceration. It can also be used to determine the depth as well as diameter of the lesion. To assess the depth of the ulcer view across the corneal surface.
2. Wet fluorescein strip and touch the strip to the bulbar surface of the eye, or drop eyewash over the strip when held above eye. Do not touch to the corneal surface. Rinse the eye well. Hold cotton balls or tissue under the eye to catch the excess stain. Excess stain may be picked up by mucus strands and misinterpreted as a positive ulcer.
3. Stain can be mixed with eye wash or topical anesthetic and sprayed on the corneal surface (mainly for equine patients). Do not store this solution long-term due to possible bacterial contamination.
4. The stain can be viewed with a normal light source or a cobalt blue filter which aids in fluorescence; a positive stain is green.

Intraocular Pressure - (IOP) measurement - normal IOP is 10-20mmHG

1. The IOP should be measured in all cases of suspected glaucoma, uveitis, lens position shift, or any "red eye".
2. Do not restrain the dog too tightly, inadvertently press on the eye through the lids, or hold off the jugular vein with neck restraint as this will result in a falsely elevated pressure.

Schiotz Tonometry - measures by indentation.

1. Apply topical anesthetic (proparacaine) to the eyes.
2. The 5.5 gm-weight load is standard when the instrument is assembled.
3. Place the cornea in a horizontal position with the patient's nose toward the ceiling. Place footplate of tonometer on the clear cornea, false readings may be obtained if the footplate rests on the sclera or third eyelid. Read the scale reading, repeat three times and take the average. Convert the scale reading to mmHg using the human conversion chart that comes with the instrument.
4. Normal is 3-7 on the scale when the 5.5 gm weight is loaded. If scale reading is 0 or less, add weight to the tonometer and repeat the procedure.

Tonopen - measures by applanation

1. Measures the pressure required to flatten, or applanate, a specific area of the cornea.
2. Apply topical anesthetic to the eyes.

3. Animal's head is held in a normal forward position. The instrument is gently touching the corneal surface. The instrument will beep as readings are taken. Light touch is extremely important for accurate readings.
4. Value is reported in mmHg with a % error (ideally <5% error).

Tono-Vet - measures by rebound

1. This instrument measures the return force of a small pin bounced on the corneal surface.
2. The animal's head is held in a normal forward position. The instrument is held approximately 5 mm in front of the eye in a horizontal position; a button is pushed to release the pin. The button is pushed 6 times to allow for an average to be calculated. Error readings indicate the pin is too close, too far, or not perpendicular to the corneal surface.
3. The result is reported in mmHg with no line or a low dash indicating an acceptable reading.

OPHTHAMOLOGY EXAMINATION OF THE FUNDUS

It is very helpful to dilate the eye with tropicamide prior to examination in order to view the entire fundus. The optic nerve should be evaluated for its size, shape and color, as compared to normal for the species. Next identify the blood vessels for their caliber, color and degree of branching. In dogs and cats there are commonly 3-4 blood vessels arising from the optic nerve head. The tapetal color varies with the coat color of the animal ranging from blue-green-yellow-orange.

Direct Ophthalmology

1. Place the brow rest of the instrument on your own eyebrow, hold the instrument a few inches from the animal's eye, and look directly into the eye. The instrument can be used to evaluate all levels of the eye. Dialing the central wheel of the instrument changes diopter setting. Red numbers are negative with white or green numbers being positive, a 0 has no diopter correction.
2. The various diopter settings allow examination of the different structures of the eye: +20 focuses on the cornea conjunctiva and lids, +12 focuses on the anterior lens capsule, +8 focuses posterior lens capsule, and 0 to -2 focuses on the fundus. If you wear corrective glasses and remove them prior to using the ophthalmoscope you will need to make your own correction to these numbers.
3. The front of the instrument has variable aperture settings to allow different types of illumination, small spot, large spot, slit beam, and variable color filters.
4. Advantage is simplicity; disadvantages are the very small visible area, high degree of magnification, and the closeness to uncooperative or fractious animals.

Panoptic Direct Ophthalmoscopy

1. Allows for a greater viewing field (5 times larger) when compared to direct ophthalmoscopy.
2. The instrument also allows for aperture and diopter setting changers. To view the fundus set the aperture setting (horizontal dial on instrument) to the green bar. Hold the instrument to your eye and with the room lights on view an object at approximately 5 feet. Use the diopter setting (the vertical, thumb operated dial) to focus on the object.

3. Turn off room lights and place instrument 2 cm from the patient's eye (fill the pupil with light), and view the animal's fundus. Modify diopter setting slightly as needed to focus.

Indirect Ophthalmoscopy - viewing a virtual image of the fundus.

1. This requires a focused light source and a lens (20D or 28D recommended).
2. Start at a comfortable arms length from the animal. Hold the transilluminator at eye level; create a line of light from your eye to the animal, place the lens perpendicular to the line of light in front of the patient's eye. Move the lens closer or further as needed to make the fundus image fill the lens.
3. Advantages are visualization of a large area of the fundus and placement of the examiner at a distance from the animal. Disadvantage is that it requires a slight degree of experience to use the technique.
4. The images viewed using indirect ophthalmoscopy are upside down and backwards.

Nasolacrimal Duct Flush

1. Tests the patency of the nasolacrimal system. This test should be used when epiphora is present without concurrent signs of ocular irritation.
2. Topical anesthetic is applied to the ocular surface to prevent the animal from feeling the procedure.
3. The puncta are located approximately 5 mm from the medial canthus (at the pigmented, non-pigmented junction) just inside the margin of the superior and inferior lids.
4. A lacrimal cannula or soft and flexible IV catheter (23ga or smaller) may be used. A 1-3ml syringe filled with eye wash, saline, or sterile water is attached to the cannula/catheter. The cannula/catheter is slid along the inner lid edge until it slides into the puncta. Fluid is injected into the duct until it is seen exiting the other puncta. Gentle pressure is then placed over the other puncta and the fluid should then exit the nostril (or the oral cavity in some dogs) if the nasolacrimal duct is patent.

Bacterial culture

1. Use small swabs to prevent contamination. To improve results the swab should be pre-moistened by breaking the ampule prior to sample collection. Topical anesthetic may be applied prior to obtaining a sample for culture.
2. Samples may be taken from eyelid, conjunctiva or cornea and processed in a routine manner. The longer the swab is held at room temperature after sample collection, the lower the bacterial viability, thus the lower the test results.
3. Samples for Chlamydia and Mycoplasma require special media because they are obligate intracellular organisms.

Cytology or PCR/IFA

1. Samples may be collected from the eyelids, conjunctiva or cornea.
2. A topical ophthalmic anesthetic is applied to the eye.

3. A cytobrush allows for the best sample collection, but a small blunt instrument of any kind may be used, including a Kimura spatula or the back (blunt) end of a scalpel blade.
4. The area to be sampled is lightly abraded and then smeared on a glass slide.
5. Routine staining procedures are then followed for cytology. Samples for PCR or IFA are submitted following the instructions of the testing laboratory.

INTRODUCTION

The handbook is set up in the same order in which you will be receiving patients. Examples of all the forms to be used are provided in the text or attached at the end of the document.

Included is a description of the preferred method for presenting a case in medicine rounds and for writing a SOAP.

As always, our support staff and clinicians will be happy to answer any questions you may have regarding hospital protocols. **However, we do ask that you thoroughly familiarize yourself with this handbook before you begin your rotation.** Any comments on how to improve the medicine rotation or this handout are appreciated.

MEDICINE ROUNDS

Medicine rounds are held Monday - Thursday at 8:30 A.M., and Friday at 9:00 A.M. in the Small Animal Conference Room. In morning rounds, individual cases are presented by the students for group discussion. The presentations should be concise. Discussion may be short or lengthy. Case presentations should be according to the Problem Oriented Approach and should reflect your most recent SOAP. If the case is being presented for the first time, begin with the signalment and a brief review of the history, physical examination abnormalities and your initial Problem List. For animals that have been hospitalized for more than a day, begin your presentation with the signalment, current Problem List, results of any new diagnostic tests, response to therapy in the last 24 hours, and plans for the next 24 hours. See the discussions on Presenting a Case and the Problem Oriented Medical Record. You should be familiar with all the cases on the service and be willing and able to actively participate in case discussions.

Afternoon topic rounds will be held as clinical case load permits at 2:00 or 3:00 P.M. in the Small Animal Conference Room. Topics for rounds discussions are included in your handbook. The discussion will be led by the attending clinician or resident with participation by all.

Please always check with your clinician(s) before leaving for the day.

ATTIRE

You are a student veterinarian and should be dressed in a manner that befits your status as a professional. It is understandably difficult for clients to have confidence in a doctor who is not clean or who presents a disheveled appearance. Lab coats are required and should be neat and clean. Please wear your name tag at all times.

GRADING

Students failing to meet minimum standards will receive written notification midway through the rotation and will discuss their performance with the course coordinator. At the end of the rotation you will be given a final evaluation sheet, the evaluation is the consensus of all the clinicians involved with the group during your rotation.

Students on Internal Medicine are required to fill out a case log. Case logs are provided in the Small Animal Medicine conference room. (Grades will not be released until the case log is returned to **Dr. Harkin.**)

ABSENCES

1. Time missed due to illness.

Unless circumstances are exceptional, missed days must be made up after the SAM rotation. **Without exception**, all absences of 3 days or longer must be made up in total, and an incomplete grade will be given until this has been done.

2. Leave requests.

Requests for time off for such things as board examinations, job interviews, and other approved external rotations, will be considered on a first come, first serve basis. No more than two students at any time can take time out for such activities. In addition, each service in internal medicine and the Pet Health Center must not be left with less than 3 students (after students have rotated out to cover ICU, etc) in order for your request to be approved. It is your job to obtain leave slips and emergency/ICU schedule change forms from the departmental office. You must complete these forms and present them to the attending Internal Medicine clinician and Section Head for signature. Without exception all absences of 3 days or longer must be made up in total, and an incomplete grade will be given until this has been done.

RECEIVING

There are 2 groups of medicine students. One group receives M, W, F; the other group receives T, Th. The groups will rotate on a weekly basis. Students that receive on Tuesday and Thursday of that week must be present Saturday morning to take any transfers from emergency. Please make sure you sign up for cases only on the day in which you are scheduled to receive, unless otherwise instructed by a clinician. Students should sign up for cases prior to morning rounds. If you are not signed up for a case, you still must be available for any add-ons or emergencies. In most cases, the Small Animal Desk personnel will page the student signed up for the case when the client arrives; please answer that page immediately. Clients should not have to wait. If there is no student signed up for a case, or the case has been added on, the front desk may need to page overhead for a student. Please listen for these pages. Explain to the client who you are and how the appointment will proceed. Do not assume that the owner understands how a teaching hospital works.

If there is a record already made for your case, you should try to take the time to read this over prior to rounds or prior to seeing the case. This will allow you to be somewhat familiar with the case before meeting the owner, and will allow you to get some of the paperwork done ahead of time. For instance, if a pet is coming in for a recheck ultrasound, that form can be filled out in advance. This can help save significant time during busy clinics.

MINIMUM DATA BASE

During your initial contact with the client you begin to obtain the minimum data base. Record the history and physical examination findings on the History form. During an appointment, you will take a thorough history. Important things to remember are: what is the presenting complaint; how long has it been going on; have any tests been done, if so, what were they and what were the results; has the animal been treated with any medications, if so, what were they and what was the response (don't forget doses and frequencies and how long the drug was given). Next you will perform a physical examination. It is very helpful to develop a routine and use that routine consistently. This will prevent you from forgetting part of the physical examination. It is very important that all animals be weighed and the weight recorded. We schedule appointments every 30 minutes so you should not take more than 15-20 minutes in the examination room. Please make every effort to remain on schedule. Taking an excessive amount of time in the exam room exhausts the patient and the client. Do the best job you can in the allotted time and move on to the next step, which is establishing a problem list and formulating your initial plan. Please let your clinician know if you are having difficulty keeping on schedule, he or she may have suggestions on how to improve your efficiency. Do not attempt to examine aggressive animals without consultation from your clinicians!

THE PROBLEM LIST

A problem is anything that interferes with the patients well being and for which further diagnostics are planned. Your working problem list for this visit is recorded at this time.

THE INITIAL PLAN

After you have identified the current problems, assess each problem separately and create a plan for it. Your plan for each problem includes both a diagnostic and therapeutic component and is recorded next to the Working Problem List.

PRESENTING THE CASE TO THE CLINICIAN

Once you have obtained your history and physical examination, and formulated a problem list, differential list, and plan, you should page the clinician that is signed up for that case. The presentation should be done as you would present a case in rounds. Begin with the signalment and the problem for which the animal was presented. Next, go over the pertinent facts in the history and any abnormal PE findings. Then present your problem list with differentials for each and your plan. You and the clinician will discuss these briefly, then return to the examination room. Again, we do not want the clients to have to wait too long to see a clinician. Now your responsibilities are to:

1. Make additions/corrections to the Medical History Form. Occasionally new history or physical exam findings may appear following examination by the clinician and these changes should be noted in the record.
2. Make additions/corrections to the Initial Plan.
3. Obtain a cost estimate from the clinician and record it on the Account Record (the clinician will often take care of this).

This is a good time to:

1. Verify the clients work, home phone numbers, and cell phone number if available.
2. Note the referring DVM name/telephone number. (Any veterinarian who is currently providing veterinary services for the client should be considered a referring DVM. Emergency DVM's are also considered referring DVM's). If you are not sure, ask the clinician.
3. Note any tests that are pending at discharge for outpatients and day cases.

You may find it helpful to imprint the patients blue card on a 3x5 card for your files to keep track of the patients that you see. It may also be helpful to write any pending tests on these cards to help you and your clinician remember when a client needs to be notified. Please enter appropriate information in Client Communications in VetStar any time a client or referring veterinarian is contacted. Client communication documentation is very important. The client can then be escorted to the discharge desk.

OUTPATIENTS

Do not allow a client to leave without speaking to a clinician, unless asked to do so. If any tests are pending at discharge make arrangements to contact the clients. Check the telephone number. Once having made a commitment to contact the clients, you must do so, even if the test results are delayed. When the results do become available you must make your assessment (including any further plans), consult with the clinician and contact the clients. If a referral letter has already been sent, ask the clinician whether a second letter or a telephone call is most appropriate. Use a Message Sheet for all phone contacts. If the assessment requires a more detailed discussion, use a Progress Notes Form. Both of

these forms, properly identified with the case number, should be delivered to Medical Records for filing with the patients record. When all contacts have been made, your case responsibility is finished.

HOSPITALIZED CASES

Clients must be contacted daily, usually twice daily! Review the case with your clinician before calling a client. Good communication can prevent many problems. If there is ever a time you do not feel comfortable calling a client, please tell your attending clinician. In general, clinicians will speak to owners regarding important decisions, e.g. surgery, or deteriorating conditions.

Place the patient (if practical) into a roll cage and hospitalize all patients in Ward 1 (Internal Medicine) or Ward 2 (Pet Health). Complete a cage card and identification collar for all patients. Metal folders and all supplies required for hospitalizing patients are in Wards 1 and 2. The current record is placed in a metal folder, identified, and placed in the rack in Ward 1 or 2. The "old" record is placed in a yellow folder and kept in the designated area in each Ward. The record should always stay with the animal (ie. animal in ward, record in ward).

For patients admitted to Ward 1, submit all necessary request forms, e.g. radiology, draw any samples needed, e.g. blood, urine, or start any tests that must be done on outpatients, e.g. ACTH stimulation test. Do these as efficiently as possible, then return to receiving ASAP. If you have another case waiting to be seen, return to receiving 1st, then come back and submit all forms/test. Ask the technicians or classmates for help!

Patients admitted to ICU will require more time. A catheter must be placed, tests submitted, and ICU orders written before you return to receiving.

Return to receiving ASAP. If your patient's condition requires attention, inform your clinician so that he/she may make appropriate adjustments with the schedule. DO NOT disappear during receiving time without informing your clinician.

SOAP's are required twice daily on all hospitalized patients. Basic guidelines for writing a SOAP are included. SOAP's are best written in the evening to incorporate the results of any lab or diagnostic procedures that took place during the day.

All patients must have a physical exam, TPR, ICU orders, and all necessary samples submitted to the lab in the morning before rounds begin. If you anticipate problems with this schedule let your clinician know. Morning observations should be recorded in the record.

Treatments: You are responsible for all treatments on your patients with the exception of cases in ICU. Treatments that are scheduled from 8:00 P.M. to 10:00 P.M. may be done by the students on emergency if time permits. You must make arrangements to have these treatments done before you leave and record the treatments in the black binder in Ward 1. Ultimate responsibility for completion of these treatments is the medicine student. Animals in ICU must have their treatment orders updated and completed by 8 A.M. everyday (see ICU protocol).

Feeding: You are responsible for calculating a diet (include type, kcals, and amount) for each of your hospitalized patients. Unless otherwise essential (i.e. diabetic patients), patients should not be fed until after morning rounds. All food must be removed by 10 P.M. the evening before an animal is to be anesthetized (do NOT remove water). Patients that will have endoscopy the following day should not be fed the day prior to the procedure unless otherwise instructed by the clinician.

CLIENT COMMUNICATION

VERIFY ALL TELEPHONE NUMBERS BEFORE THE CLIENT LEAVES.

Owners of hospitalized patients must receive at least one contact daily unless otherwise directed by the client or attending clinician. This contact should be made only after consultation with the attending clinician and should include:

1. A report on the condition of the patient.
2. An update on the bill. You will be keeping an accurate record of charges using VetStar. All charges should be added to VetStar at the end of every day.

Outpatients/discharged patients who had results pending at discharge must also be contacted when those results are available.

Use a Message Sheet for every contact. If you were unable to contact the owner, use a Message Sheet to document the attempt. Clearly label each sheet with the case number and name.

SUPPORT SERVICES

Please provide an accurate and concise history when submitting requests for radiology, histopathology, and necropsy. A good history is very important in interpreting a given test.

1. ANESTHESIA

You should request coverage from the anesthesia service as soon as you and the clinician feel that anesthesia may be required for a given procedure. Plan ahead and always request service if you feel that there is any possibility that anesthesia may be required. You can always cancel. Request forms are available in the Small Animal Surgery area and in Ward 1. Completed requests should be turned in by 3:30 P.M. the day before the case is to be anesthetized. If you anticipate needing anesthesia on the same day as your request, the attending clinician will need to contact the anesthesiologist on duty directly.

2. CLINICAL PATHOLOGY

All samples on patients being admitted should be submitted as soon as possible so that results may be obtained by the end of the day. Cut-off times for the Clinical Pathology Laboratory are outlined under "Laboratory Policy" in the Hospital Policies section of this handbook. All samples should be submitted with the appropriate clinical pathology form. Samples to be sent to an "outside" laboratory should be taken to the dispensary; additional forms may be required on these samples. Clearly label all samples submitted to the lab with the case #, date, and clinician name. Items not labeled will be discarded by the lab.

3. CONSULTATION FROM OTHER SERVICES

You will need to complete a Consult Request form and have the attending clinician approve/sign it before seeking consultation. Under no circumstances should you seek consultation without first having performed your own physical examination and formulated a problem list and initial plan. Completed consultation requests are placed on the door to Ward 3 (Surgery), the Ophthalmology exam room, or in the Learning Center for dermatology consultations.

4. PATHOLOGY

A brief, but accurate, summary of the case should be submitted with all pathology/necropsy requests. All requests must be reviewed and signed by the clinician. Check with your clinician regarding charges for necropsy.

5. DISPENSARY

Dispensary hours are from 8:00 A.M. - 5:30 P.M. Monday through Friday and 8:00 A.M. - 11:00 A.M. on some Saturdays. Prescriptions require the signature of the attending clinician on the case, especially when controlled substances are being prescribed.

6. RADIOLOGY

All requests for radiographs must be done on VetStar. Special procedures (those requiring anesthesia, nuclear medicine, CT, MRI) must be scheduled through the radiologist on duty at least one day in advance. Referral radiographs should be submitted with any requests for new radiographs for review by the radiologist.

7. TEST RESULTS

Test results from clinical pathology are placed in the file outside of Clinical Pathology and are available on-line. A clinician copy will be available for your use. A medical record copy will be placed directly in the record by medical records personnel. Please leave this copy in the record - do not remove it. Sheets for compiling large amounts of laboratory data are in the cabinets in Ward 1 and are of great help in organizing your test results.

DISCHARGE PROCEDURES

1. BILLING SUMMARY

While writing your SOAP in the evening verify that any procedures/diagnostics performed that day have been added to the account on VetStar. This will enable you to give the client an accurate estimate of the charges. Technicians will also enter charges in VetStar, so be careful not to duplicate charges. Many charges, such as for endoscopy, radiology, and anesthesia should only be entered by the technician.

2. DISCHARGE ORDERS

Discharge instructions can be prepared on VetStar or hand-written on the Discharge Instructions form. Do not finalize discharge instructions until they have been reviewed by the Clinician. Orders to the client are to include in layman's terms, only the specific orders for management of the patient at home, i.e. feeding, exercise, medications and dosages, and dates for recheck evaluations. Remember, clients may not understand the terms anorexia, hepatic encephalopathy. Please include medication instructions so the owner can understand (2.5mg or ½ tablet every 12 hours by mouth). The diagnosis, prognosis, procedures performed, will be verbally communicated to the owner either before or at the time of discharge. When a referring veterinarian is involved this information should be included on the discharge sheet and a copy sent to them. **See Procedures for Submission of Discharge Instructions, Appendix III.**

3. BEFORE THE CLIENT ARRIVES

- A. Have medication orders from the dispensary ready to go. All medications sent home with the client need to be properly labeled, check the labels to be sure they are accurate. Also, make sure written prescriptions are ready.
- B. Obtain the clinician's signature on the discharge orders and deliver the record, along with the signed discharge instructions, to the Small Animal Discharge/Emergency Desk as soon as you know the patient will be going home.

- C. The patient should be clean and may need to be bathed before going home. Check with your clinician about bathing any animal. Bathing requests need to be accompanied with an APR. Hospitalized patients will not be charged for a bath at the time of discharge.

4. DISCHARGING THE PATIENT

- A. Unless otherwise directed by the attending clinician, you must be present at the time of discharge so that you may discuss what was done, review medications and give instructions regarding at-home care. Ask the clinician if he/she wishes to be present also. Do not discharge a pet without the clinician, unless expressly asked to do so.

- B. The order of discharge should be:

- I. The client pays the bill and receives any medications.
- II. You and the clinician speak to the client. This should be done in an exam room to avoid congestion at the desk.
- III. The patient is delivered to the client. You cannot expect clients to pay attention to your instructions if they are preoccupied in a joyful reunion with their pet. It is only good sense to speak to them first.

CASE SUMMARY

When you are transferring a case to a new student, a Case Summary Form should be completed and placed into the record. The summary should be concise.

GUIDELINES FOR CASE PRESENTATIONS IN MEDICINE ROUNDS

GOALS

1. Develop skills in case presentation. Throughout your career you will need to seek the advice of colleagues. They will need a clear, concise case summary if they are to help you.
2. Consideration and discussion of the medical aspects of each case for the education of all in attendance.

CASE PRESENTATION

1. Signalment: Age, sex, and breed
2. Chief complaint and pertinent history: This will be presented the first day the case is discussed in rounds. Your job is to summarize the case, not to narrate it. List the pertinent chief complaints and relevant history. If treatment was attempted elsewhere, summarize it.
3. Physical examination: List any abnormal findings. It is not necessary to list all normal findings.
4. Problem list: List all significant problems.
5. Rule outs: These are the disease processes (the most likely ones) which you have proposed as the cause of the problem being discussed. Make sure this list is pertinent to your case, i.e. a pyometra is not a differential for

PU/PD in a male dog. Each problem mentioned should have a concise list of appropriate rule outs. It is on the basis of your rule outs that you justify your plan.

6. Plan: The plan consists of a Diagnostic and Therapeutic component.
 - A. Diagnostic: Only those tests or procedures which you have justified with a problem and its rule out should be presented. Laboratory data should be presented with the absolute value and your assessment. All pertinent radiographs should be presented and the abnormalities pointed out.
 - B. Therapeutic: Fluid therapy, drugs, etc. Values should be expressed in units, mgs, or mls per kg.
 - C. Client education: Advice or suggestions concerning patient or environmental management, etc.
7. Diagnosis: THE GOAL OF CLINICAL MEDICINE IS NOT TO ARRIVE AT A DIAGNOSIS BUT RATHER TO EFFECTIVELY DEAL WITH THE PATIENT'S PROBLEMS. A definitive diagnosis is not always reached. If you have arrived at one, present it at this time.

In summary, the Problem List is the center of the case presentation, just as it is the center of case management.

Example: Tiny is a 1 year old female spayed yorkie who is presented for episodes of hypoglycemia. She has had 5-6 episodes over the last 6 months, which have increased in frequency. Her signs during these episodes include weakness, incoordination, blindness, progressing to seizures. She has received in hospital therapy by the RDVM consisting of intravenous fluids and dextrose with good response. At home she is being fed every 4 hours, but the episodes are still occurring. Blood tests have been done and revealed a mildly low BUN and mildly low albumin. Her problems include episodic hypoglycemia, hypoalbuminemia, and decreased BUN. The differentials include portosystemic shunt, microvascular dysplasia, poor hepatic gluconeogenesis, other severe hepatic dysfunction (cirrhosis, toxic necrosis). Our plan is to repeat CBC, chem profile, obtain urinalysis, fasting and postprandial bile acids, and abdominal radiographs to start. An abdominal ultrasound and nuclear scintigraphy may be done in the future.

THE PROBLEM ORIENTED MEDICAL RECORD: Definitions & Guidelines

The problem oriented medical record was developed in the late 1960's in an effort to improve the logic of patient management and enhance communication through the medical record. The idea behind this approach is to separately record and analyze the patient's major problems to help logically process and catalog patient information and to provide for a more thorough and methodical process of diagnosis and treatment.

A patient's medical record is a legal document that chronicles the care of the patient during hospitalization. It serves as a tool for communication among all personnel involved in caring for the patient and documents the patient's medical records in a standard, problem-oriented fashion. Please use these notes as a guide and feel free to ask your clinicians for further direction if necessary.

The "Problem"

1. A problem is defined as any abnormal finding obtained through history-taking, physical examination, or testing procedures that requires medical or surgical attention or impacts a patient's quality of life. Procedures are not listed as problems unless complications arise (e.g. severe hemorrhage from a biopsy site, dehiscence of a sutured wound).

2. Problems are defined to the highest current level of understanding, and are **redefined** as additional information dictates.

Examples: “Diarrhea” may be later redefined as “parvoviral enteritis”.
 “Hyperglycemia” may be later redefined as “diabetes mellitus”.

3. Both understanding and overstating problems are detrimental to the diagnostic process.

- A. **Understating** a problem impedes development of an appropriate diagnostic plan.

Example: “Respiratory problem” is broad and vague, but “expiratory dyspnea” narrows the differentials and leads to appropriate diagnostic testing.

- B. **Overstating** or inaccurately identifying a problem leads to tunnel vision, inappropriate or excessive diagnostics and missed diagnoses.

Example: “Fluid-filled abdomen” instead of “abdominal distension” might lead to unnecessary abdominocentesis on a dog with hyperadrenocorticism or mismanagement and delayed treatment of a pyometra.

4. Possible fates of problems

- A. Problems that are related may be **combined** and **updated** or **redefined**.

e.g. “elevated BUN” and “small, irregular kidneys” may be later combined and the problem updated to “chronic renal failure”.

- B. Problems may sometimes be **inactivated** if they are incurable or are not significant to the major problems at hand.

e.g. “grade II luxating patellas” in a poodle with congestive heart failure, or “mild periodontal disease” in a cat with a fibrosarcoma.

- C. Ideally, medical problems eventually are **resolved**.

The “Working Problem List”

The working problem list is a tool for listing and tracking the patient’s problems during a given hospitalization. It should be the first page of every patient’s record. The working problem list is where you redefine, resolve, combine and inactivate problems. It serves as a table of contents for your SOAPs.

The “Master Problem List”

The master problem list serves as a table of contents for the entire medical record. It is an active and historic account of all the problems that the patient has now and has had in the past and is an official part of the medical record. You should not add to or change the master problem list unless directed to by a clinician.

Case Summaries

A case summary should be written any time the care of a patient is transferred from one student to another, to assure continuity of medical care. This may occur at the end of a rotation, or in the case where a patient is transferred to

another service for treatment. The case summary should be succinct, but should outline circumstances of patient presentation, current problems and ongoing therapies such that the student assuming primary care clearly understands the patient's history and requirements.

The "SOAP"

The SOAP is a method of integration of all findings and plans pertinent to a particular problem. Below are guidelines for writing patient SOAPS and examples of a problem SOAP.

SOAPS should be structured as follows:

Problem Number and Name

- S:** Historical information, patient's symptoms, subjectively evaluated changes
e.g. owner input, changes in patient's attitude or clinical condition, etc.
- O:** Objective observations regarding problem - data you can see, palpate, hear, or measure
e.g. physical exam findings, clinicopathologic data, radiographic/ ultrasonographic findings, endoscopic observations, etc.
- A:** Assessment of problem to this point by assimilation of data in S and O
e.g. interpretation of data above relative to this problem, ranked differential diagnoses for this problem, justification of rankings and plans, patient progress, prognosis, etc.
- P:** Diagnostic, therapeutic and client education plans

The depth and complexity of the SOAP required for a given problem will vary depending on the nature of the problem and whether it has already been addressed in the record. As a general rule, the first SOAP for a major problem should demonstrate a thorough understanding of the problem, all potential etiologies applicable to the particular patient, which etiologies are most likely, and rational diagnostic measures necessary to narrow your differential list.

Example SOAP for azotemia in a tomcat presented with urethral obstruction (first SOAP)

Problem #1 Azotemia

- S:** Owner reported cat to be lethargic for 24 hours prior to presentation and said cat has vomited once in the last hour. Said cat has not been observed to eat or drink in 24 hours and has not produced any urine in the litterbox in the last day despite many straining attempts.
- O:** Cat appeared 7-8% dehydrated based on decreased skin turgor, tackiness of mucous membranes, and a capillary refill time of 2-3 seconds. Cat is laterally recumbent and bladder is 6-8 cm in diameter, hard and painful on palpation. No urine is expressed with gentle attempts. PCV: 38% TP: 8.2 g/dl BUN: 184 mg/dl Creatinine: 9.1 mg/dl Urine specific gravity: 1.023.
- A:** Azotemia can be pre-renal, renal, or post-renal in origin. Pre-renal azotemia occurs when renal perfusion and consequently GFR is decreased. The most common cause of pre-renal azotemia is dehydration. Post-renal azotemia occurs when urine cannot be normally excreted from the body. Possible causes of post-renal azotemia include obstruction of urine flow at or distal to the renal collecting system, or rupture of the urinary tract. Primary renal azotemia occurs when less than 25% of kidney function remains and can be caused by degenerative, neoplastic, toxic, infectious, inflammatory and ischemic processes. In this cat, we can rule in pre-renal and post-renal causes for the azotemia.

Dehydration is present based on physical examination findings (decreased skin turgor and tacky mucous membranes) and elevated total protein, and is consistent with the owner's observation of total anorexia and lack of water intake for 24 hours. In a normal cat that is dehydrated, we would expect the urine specific gravity to exceed 1.035-1.040. USG may be an unreliable indicator in this cat, however, because the urine in his bladder has been collecting for 24 hours or more. The turgidity of this cat's bladder and our inability to express urine from it support urethral obstruction and thus post-renal azotemia. We cannot yet rule out primary renal azotemia. To assess kidney function, we will need to monitor resolution of azotemia after pre- and post-renal azotemia have been resolved. If no primary renal damage has occurred as a result of this obstructive event, the cat's prognosis for full resolution of azotemia is excellent, because he has no record of previous renal disease.

P: Dx plan: Recheck BUN and creatinine tomorrow morning after rehydration and diuresis over night.

Tx plan: Maintain indwelling urinary catheter to insure patent urine outflow. Monitor fluid input compared with urine output to make sure that fluid therapy is adequate for rehydration and diuresis. Consider removing urinary catheter when azotemia is resolved.

CE plan: Inform owner that the cat should be hospitalized in the ICU at least until azotemia resolves (1-3 days), and that we will be monitoring his progress with blood tests on a daily basis.

Two days later, the SOAP for this problem might look like this:

Problem #1 Azotemia

- S:** Cat is brighter and more active than yesterday. Drank readily and ate a small amount of canned Feline Maintenance this morning.
- O:** Hydration status normal. Frequent small amounts of urine produced in the litterbox overnight and bladder is small (2-3 cm diameter) and non-painful on palpation this morning. BUN: 21 mg/dl
Creatinine: 1.8 mg/dl.
- A:** Azotemia is resolved. The original azotemia must have been due to a combination of pre-renal and post-renal causes and not due to intrinsic insufficiency of the kidneys.
- P:** Resolve problem on working problem list.

Learning Issues

In medical training, problem-specific learning issues may also be identified by you as you write your SOAP, or by your clinician when she or he reads your SOAP.

e.g. For the problem "cutaneous mast cell tumor," some examples of learning issues might include: What therapeutic options exist for this disease? Which are most appropriate for this patient in particular? What are the relative advantages and disadvantages of each? How do we stage this disease? What prognostic indicators are useful? What will staging and initial therapy cost? What is this patient's prognosis for cure?

These issues can be addressed in the "A" portion of the problem SOAP.

General guidelines for medical records completion for Internal Medicine and Oncology:

1. Each inpatient's chart must contain a minimum of two daily entries recording that patient's physical parameters, activities and progress for the day.
2. Significant procedures (biopsy, sedation or anesthesia, etc.) or changes in the patient's condition must be recorded as they occur during the day. These are recorded as "Addendum" and the time of the entry is noted.
3. The morning SOAP must be completed by 8:00 A.M. and the record must be available in the rack between 8:00 and 9:00 A.M. for clinician review.
4. Each identified problem must be SOAPed individually once a day.
5. The "S" and "O" portions should include data obtained since the last SOAP.
6. The "A" is the portion of the SOAP where you demonstrate your working knowledge of the patient's problem, and should reflect a refining of your understanding of the problem since the last SOAP. A change in assessment should be substantiated by information in the "S" and "O" sections. The "A" should include differentials for the problem ranked in order of likelihood for this patient, pathophysiologic information, and assessment of the patient's clinical progression or prognosis. The first "A" for a major problem may require time and research to complete thoroughly, and may be lengthy.
7. The P should contain diagnostic, therapeutic and client education plans, and may also relate to a problem's fate (e.g. redefining or inactivating a given problem).
8. Each progress note page must be stamped with the patient's card.
9. Each entry must be dated, timed and signed.
10. If you make an error in the medical record, draw a single straight line through the error. The original text must remain visible, since this is a legal document.
11. Professional language and terminology should be used at all times in the medical record. Abbreviations should not be used with the exception of standard medical abbreviations.

CLINICIAN EVALUATIONS

At the end of every rotation, evaluation sheets for the clinicians on rotation will be distributed to all medicine students. It is very important that these evaluations be completed and returned. Student evaluations are extremely important in helping the faculty correct any potential problems and to identify various strengths and weaknesses with the teaching and clinical program. Your comments are essential and welcomed. All comments and evaluations are anonymous.

INTERNAL MEDICINE OBJECTIVES

By the end of the rotation the students should be able to:

1. Efficiently take a complete history and perform a physical examination on animals admitted to the medicine service.

2. Demonstrate working knowledge of the following medical problems, and be able to form a list of rule-outs and diagnostic, and/or therapeutic plans for:
 - A. Chronic vomiting/regurgitation
 - B. Chronic diarrhea (large and small bowel)
 - C. Fever of unknown origin
 - D. Polyuria/polydipsia
 - E. Icterus
 - F. Anemia/polycythemia
 - G. Coagulopathy
 - H. Cough
 - I. Ascites
 - J. Pleural effusion
 - K. Episodic weakness
 - L. Azotemia
 - M. Hyperglycemia/hypoglycemia
 - N. Hypercalcemia/hypocalcemia
 - O. Hypoproteinemia
 - P. Recognition and treatment of common arrhythmias
 - Q. Acid/base, electrolyte abnormalities
 - R. Seizures
 - S. Hypertension/hypotension
 - T. Dyspnea/tachypnea
 - U. Fluid Therapy
3. The student should be able to demonstrate the ability to perform or an understanding of how to perform the following techniques:
 - A. Venipuncture
 - B. Cystocentesis
 - C. Transtracheal wash
 - D. Neurologic examination
 - E. Auscultate and characterize cardiac murmurs.
 - F. Record and interpret an ECG.
 - G. Formulate a fluid plan
 - H. Formulate a dietary plan for animals with gastrointestinal, renal, or endocrine disease and for animals with obesity.

EMERGENCY AND ICU DUTY ASSIGNMENTS

You will be responsible for SOAPing any emergency cases you admit until 8:00 A.M. the next working weekday, regardless of your rotation assignment. Cases will not be transferred to other services on Sundays or holidays, as per protocol.

The primary emergency student for each evening is on duty in house for that particular evening. The backup emergency student is available by telephone for immediate response to a call from a clinician for additional personnel to assist with cases or an emergency.

Students will not switch assignments without written approval from the Departmental Office. The BACKUP on the list for any given day is also on CALL OVER THE NOON HOUR for walk in emergencies.

DERMATOLOGY SERVICE GUIDELINES

Goals:

1. To strengthen the students educational opportunities in basic and complex integumentary diseases. This experience will involve case material, case oriented dermatology rounds and topic rounds.
2. To provide quality dermatology patient care through coordination of expertise in clinical medicine, dermatopathology, applied immunology, microbiology, and parasitology.
3. To teach and evaluate specific clinical skills associated with dermatologic case work-ups.

Schedule:

1. Dermatology appointments are scheduled on Tuesdays, Wednesdays and Thursdays. Dr. Bagladi-Swanson is available on Tuesday, Wednesday and Thursday for consultation.
2. Every attempt will be made to provide case evaluation and diagnostic testing the SAME DAY as the appointment. In some cases, HOSPITALIZATION may be required.

Services: Complete dermatological diagnostic tests are available in addition to standard diagnostic procedures.

1. Cytology
2. Intradermal testing
3. Skin scrapings
4. Skin biopsies
5. Bacterial and mycotic cultures
6. Endocrinology testing
7. Otitis work-up
8. Trichography

Fees: All fees are covered in VetStar.

Student Guidelines

1. INTRODUCTION

The goal of the Dermatology Service is to have students proficient in problem-solving of both basic and complicated integumentary diseases. The process we use can be applied to different animal species.

2. SERVICE FIRST

We strongly adhere to the principle that excellent client service is crucial. Therefore, it is important for students to be well organized and efficient. We expect to work-up patients as quickly as time permits, but thoroughness is essential.

We seldom hospitalize dermatological cases overnight to complete our diagnostic evaluations. Just like private practice, we will perform diagnostic procedures during receiving hours.

3. COME PREPARED

In Dermatology, teaching is a dynamic process and occurs in the exam room and wards. Come prepared to "learn while doing" and don't ever be afraid to ask questions. Review your dermatology notes early in the rotation.

4. QUESTIONS

Since we learn and teach on the run, ask a lot of questions. We often discuss cases, while we are evaluating them.

The instructor can't evaluate you and help you if we don't ask you questions and vice-versa. Furthermore, we don't expect you to know all the answers, but we do expect students to take initiative in the learning process.

5. CONCLUSIONS

If you come to Dermatology prepared, ask questions, and get interested in what we do, you will be given a lot of diagnostic responsibility and will help formulate specific treatment plans. Initially, you will be instructed on how to perform diagnostic procedures.

Finally, if time permits, take time to tell or show your outpatient dermatology cases to your student colleagues. It might be their only opportunity to see a particular condition.

Welcome to the Pet Health Center! The orientation will be in the PHC Learning Center located behind the examination rooms. We expect you to be familiar with this material prior to beginning this rotation. If you have any problems, questions or concerns, feel free to visit with us.

Any student with a disability who needs an accommodation or other assistance in this course should contact Disability Support Services and the instructor (Dr. Nelson) as soon as possible.

OVERALL GOAL OF PET HEALTH CENTER

To provide an environment for veterinary students to learn the nature of activity in a high-quality, general small animal practice. The practice should be modeled after one in which general medicine and preventative medicine cases are seen and their needs taken care of immediately. Cases requiring more extensive work-up may be referred to one of the specialty services within the VMTH.

The specific educational objectives should be to teach the fundamentals of general small animal practice including:

1. The mastery of general medical techniques including:
 - A. Accurate and complete medical history in a timely fashion (10-15 min)
 - B. Client communication
 - C. Complete medical examination and correlation of findings (10-15 min)
 - D. Complete and accurate record keeping (medical, client communication and financial)
 - E. Understanding and implementation of preventative and public health measures for clients and their pets
 - F. Knowing the proper "next step" and initiating the next step in health care of patients, e.g., manage and treat the case, further diagnostic work-up, referral of the case.
 - G. Enhancing basic laboratory and specimen collection skills.
2. Practice Management skill development
 - A. Computer information management
 - B. Client communication skills:
 - I. examination room
 - II. telephone communication
 - III. professional marketing strategies
 - C. Public education and relations
 - I. improving the clients knowledge of health care

- II. making clients “feel good” about the veterinary care being provided
- 3. Imparting a strong sense of economy and accountability in conduct of practice
 - A. practicing in a time efficient manner
 - B. providing reasonable options
- 4. Self-directed teaching. Students should be encouraged to learn about all aspects of veterinary medicine using various resources in the Pet Health Center, computer on line searches, or the College Library.
- 5. Emphasis on relevant case/instructional materials
 - A. specific “learning issues”
 - B. preventive medicine issues and products

SCHEDULE

It is essential that this practice be conducted in a manner to simulate a high-quality, general small animal practice (see 1. above). It should be run in a manner that accommodates a large number of general medicine cases in a competent and efficient manner.

1. Monday through Friday (as of 1/ 31/ 10- subject to change)

7:00 - 8:00 A.M.	Care of cases, boarders, and blood donors
8:00 or 8:30 A.M. - 9:00 A.M.	Rounds- check schedule in Pet Health for details
8:00 A.M. - 11:30 P.M.	Receiving appointments
12:00 P.M. - 1:30 P.M.	Special treatments such as otology, minor surgery, laboratory submission and patient workups, walk-ins, emergencies.
1:30 P.M. - 3:30 P.M.	Receiving appointments
3:30 P.M. - 5:00 P.M or until finished.	Walk-ins, special treatments, diagnostic tests, records and phone calls (or until finished).
2. Case and topic discussions occur during the work day as time allows.
3. PHC students are responsible for the Saturday Clinics, 8:00 A.M. - 12:00 P.M or until finished. This is of the highest priority. Arrange your schedules to assure you can be on duty (i.e., emergency duty, ICU, vacation).

The current acceptable standard of practice is that only **ONE** student be assigned to every case. For those animals needing restraint for blood drawing, FNA's, otoscopic examination, vaccinations, or related procedures, use the examination table in the learning center. Using our veterinary technician and/or peers to restrain animals or assist in filling prescriptions is an acceptable practice. Safety is a major concern so use a common sense approach in assuring the safety of the owner, students, staff, faculty and animal for each case. If you are

unable to complete an exam on a fractious (or wiggly) animal, let the clinician know what findings you do have and we'll finish the exam together. On days with a decreased caseload, two students can go in on a case as long as one student is the primary student for said case.

4. **The AVMA professional liability trust strongly recommends that owners not be allowed to assist during an examination or procedure.**

ADDITIONAL RESPONSIBILITIES

1. PHC service shall be responsible for all daytime (8:00 A.M. - 5:00 P.M.) emergencies and walk-ins. Please arrange your schedules to provide adequate coverage. **Students are to finish with patient care and be ready to see patients by 8:00 A.M.**
2. Our goal is to accommodate the client in the same way as would be done in a high-quality general practice including properly labeled prescriptions, reminder cards, and callbacks.
3. Filling routine prescriptions.
4. Transporting laboratory specimens to a specific laboratory.
5. Caring for boarding animals, strays, and blood donors.
6. Videotaping - students are to have two videotape sessions of client interaction completed and reviewed by the end of the rotation. More detailed instructions will be given at orientation.
7. Clean up at the Small Animal Desk or reception room when paged by the receptionist. Mops are located in the roll-cage room and in the closet in the wards.
8. Students will complete a self-evaluation form mid-way through the rotation.
9. There will be a quiz given at the end of the rotation. Students are required to pass (70% or greater). If a student fails the first time he/she will be given a second quiz. If the second quiz is failed, then the student will fail the rotation. The quiz grade will be made known to the student and the quiz itself returned for brief viewing and then immediately returned. It is not to be reproduced by any means or this will be grounds for failure.

GRADES

Students will have a written evaluation at the end of their PHC rotation. A letter and numeric grade will be assigned. Performance in clinics, rounds and exams will all contribute to the determination of the final grade. Failure of the quiz (2 times), failure to meet videotaping requirements, cheating or other violations of Kansas State's Academic Honor code are all grounds for failure of the course.

REQUIREMENTS FOR PUPPIES AND FIRST TIME CANINE PATIENTS

1. Core vaccine schedule outlined and "at risk" status for non-core vaccines discussed
2. De-worm/Fecal cup sent home
3. Heartworm information
 - A. Test if appropriate (older puppies) and send appropriate amount of preventive.

B. Younger puppies: Give a complimentary sample at each puppy vaccine visit and send further preventive at the last vaccine visit.

4. Nutritional counseling
5. Neutering counseling
6. Behavioral counseling
7. Dental Health care
8. Ectoparasite control: Apply complimentary sample to puppies during vaccine visits.
9. Complimentary nail trim during puppy visits

REQUIREMENTS FOR KITTENS AND FIRST TIME FELINE PATIENTS

1. Core vaccine schedule outlined and “at risk” status for non-core vaccines discussed
2. De-worm/Fecal cup sent home
3. FeLV/FIV information - test if appropriate
4. Heartworm testing and prevention discussed
5. Nutritional counseling
6. Neutering counseling
7. Behavioral counseling
8. Dental Health care
9. Ectoparasite control: Apply complimentary sample at kitten visits
10. Complimentary nail trim at kitten visits

BOARDING ANIMAL EXPECTATIONS (See handbook for further details)

1. Quality care - walking, feeding, and meds if needed
2. Physical exam upon arrival
3. Daily Mini-soaps
4. Accurate medical records
5. Bath prior to departure-dogs only
6. Discharge instructions

Refer to Hospital Policy, page 33-34.

FELINE CORE VACCINATIONS

FVRCP: Feline panleukopenia, rhinotracheitis, calicivirus

1. Product Options
 - A. Heska - *Trivalent Modified Live IN*
Site: Divide the dose between nostrils. Do not use if showing upper respiratory symptoms/pregnant/immunocompromised.
 - B. Pfizer - *Felocell3* - Modified Live Injectable (Do not use if pregnant/immunocompromised)
Site: SQ below right lateral elbow
 - C. Fort Dodge - *Fel-O-Vax PCT* - Killed vaccine
Site: SQ below right lateral elbow.
2. Protocol
 - A. Begin as early as 6 weeks of age
 - B. Repeat every 3-4 weeks until ≥ 16 weeks of age
 - C. Cats > 16 weeks of age receiving their first dose should be boosted 3-4 weeks later.
 - D. Re-vaccination. Administer 1 year later, then every 3 years. Some boarding/grooming facilities require annual vaccinations.
3. Rabies (only authorized faculty can administer rabies)
 - A. Product: Merial - *Purevax* (1 year vaccine)
Site: Administer subcutaneously low on right hind leg (Below lateral stifle)
 - B. Protocol: Kittens must be 12 weeks of age or older.
 - C. Re-vaccination: Administer annually

FELINE NON CORE VACCINATIONS (ADMINISTERED ON AN AT-RISK BASIS)

1. Feline Leukemia
 - A. Product: Merial - *Purevax Recombinant*
Site: Administer transdermally on mid-thigh, caudal to femur, left hind leg.
 - B. Testing: Feline leukemia test is highly recommended prior to vaccination but is not required.
 - C. Protocol: Must be at least 8 weeks of age. Booster required 3-4 weeks after initial vaccine
* It is highly recommended that all kittens be vaccinated against FELV.

- D. Re-vaccination: Administer annually to at risk cats.
- 2. Other (Chlamydia, FIV, Bordetella, FIP, and Virulent Systemic Calici Virus) are not routinely given at this time. Exceptions made by clinician following consultation with client regarding individual patient risk.

FELINE PARASITE CONTROL

- 1. Intestinal parasites (roundworms and hookworms)
 - A. Product options:
 - I. Nemex, Strongid-T - *Pyrantel pamoate* - 10 mg/kg body weight by mouth.
 - ii. suspension 50 mg / ml)
 - II. Pfizer - *Revolution*. Topical - use appropriate size
 - III. Novartis - *Interceptor*. Oral tablets see package for dosing
 - IV. Drontal. Oral tablets - see package for dosing. Tapeworms also.
 - B. Protocol: Deworm at least twice 3 weeks apart during kitten series.
 - C. Check at least 2 fecals during kitten series. CAPC recommends that kittens have at least 4 fecal evaluations during their first year.
 - D. Biannual fecal testing is recommended for adults.
- 2. External parasites
 - A. Product options:
 - I. Merial – *Frontline*
 - III. Pfizer – *Revolution*
 - IV. Novartis - *Capstar* (fleas only)
 - B. Protocol: Apply complimentary samples to pet during kitten series visits.
 - C. Dose: See product handout package inserts for more information (age, weight, etc.).
- 3. Heartworm Prevention
 - A. Product options:
 - I. Pfizer - Revolution – Topical
 - II. Novartis - Interceptor – Oral
 - III. Merial - Heartgard for Cats – Oral

- B. It is recommended that all cats > 4 months of age be tested (Ab test) before starting preventive, however, it is not mandatory.

FELINE VIRAL TESTING

1. Product: Feline leukemia virus (Antigen test) and Feline Immunodeficiency Virus (Antibody)
2. Protocol: Recommended for all kittens, new cats, and at-risk adult cats. Indoor/outdoor and other high risk cats should be tested yearly.
3. Test: SNAP Feline Trio: FeLV / FIV /Heartworm Antigen Idexx)-In House.

CANINE VACCINE PROTOCOL CORE VACCINATIONS

1. DA2PP: Distemper, Adenovirus 2, Parainfluenza, Parvovirus

A. Product: Merial

I. Recombitek C4 (Preferred)

II. Intervet - Progard 5

Site: Administer subcutaneously over left scapula.

B. Protocol:

I. Begin as early as 6 weeks of age.

II. Repeat every 3 weeks until ≥ 16 weeks of age

III. > 16 weeks-give 2 injections 3-4 weeks apart.

C. Re-vaccination: Administer 1 year later, then every 3 years. Some boarding/grooming facilities require annual vaccination.

2. Rabies (only authorized faculty can administer rabies)

A. Product: Merial - *Imrab 3*

Site: Administer subcutaneously over right scapula.

B. Protocol: Puppies must be at least 12 weeks of age.

C. Re-vaccination: Administer 1 year later, then every 3 years (Manhattan). Each city in Kansas establishes its own ordinance regarding re-vaccination Intervals.

NON-CORE VACCINATIONS (ADMINISTERED ON AN AT-RISK BASIS)

1. Bordetella (Kennel Cough)

A. Product Options:

I. Schering-Plough - *Intratrach III* (Intranasal preferred)

Site: Divide dose between nostrils or can be placed in just one nostril. Booster in 2-4 weeks if first dose is given at ≤ 16 weeks of age. One dose adequate if > 16 weeks.

II. Pfizer - *Cough Guard* (Injectable)

Site: Administer subcutaneously right hip. Will need booster in 2-4 weeks if first time vaccination regardless of age.

B. Protocol: Must be at least 3 weeks of age.

C. Re-vaccination: Administer every 6-12 months for at risk dogs.

2. Lepto

A. Product:

I. Pfizer - *Vanguard L4* (Preferred)
Site: Left SQ Hip

II. Fort Dodge - *4 Way*

B. Protocol: Must be ≥ 9 weeks - 2nd injection 3-4 weeks apart.

C. Re-vaccination: Annual booster.

3. Other (Lyme, Corona, Porphyromonas, Crotalus Atrox Toxoid, Melanoma vaccine and Canine Influenza) are not routinely given at this time. Exceptions made by clinician following consultation with client regarding individual patient risk.

CANINE PARASITE CONTROL

1. Intestinal parasites (roundworms and hookworms)

A. Product options:

I. Strongid-T - *Pyrantel pamoate*- 10 mg/kg bodyweight by mouth

i. Suspension 50 mg/ml)

II. Novartis - *Interceptor*

B. Protocol: Deworm every 3 weeks during puppy series visits, minimum 2 times. We use Interceptor as the dewormer when here for vaccines.

C. Check at least 2 fecals during puppy series. CAPC recommends at least 4 fecals during the first year of life.

D. Biannual fecal testing is recommended for adults.

2. External parasites

A. Product options:

I. Merial – *Frontline*

II. Pfizer – *Revolution*

III. Novartis - *Capstar* (fleas only)

B. Protocol: Apply complimentary samples to pet during puppy series visits.

C. Dose: See product handout and package inserts for more information (age, weight, etc.).

3. Heartworms

A. Adult Dogs

I. Testing

- i. Dogs > 6 months of age must be occult heartworm tested at KSU prior to receiving heartworm preventive from KSU Dispensary or proof of test with adequate preventive given within the past year.
- ii. Retest in 6 months or 1 year, depending on prevention history. We do require a minimum of annual heartworm testing even if on prevention year-round, as recommended.

II. Core Product

- i. Novartis - *Interceptor* - oral (Preferred)
- ii. Merial - *Heartgard Plus* - oral

B. Puppy

- I. **Puppies must be less than 6 months old for this protocol.**
- II. Administer complimentary samples at each puppy visit.
- III. Dispense heartworm preventive at final puppy visit. Anticipate weight gain in larger breed dogs and dispense most appropriate size.
- IV. May dispense up to 12 months of preventive.
- V. Perform occult heartworm test in 1 year (at first annual vaccine appointment-exam).

C. Age: Review product handouts for minimum age and weight restrictions

D. Additional products available upon owner request: Novartis - *Sentinel*, *Advantage Multi*.

SMALL ANIMAL SURGERY PROTOCOL

GENERAL CONCEPTS

1. Attendance and participation are required.
2. Learning opportunities include observation, case assignment, rounds, demonstrations, and hands-on experience.
3. Independent, in-depth study of all case material presented to the service is required. Review pertinent lecture notes and texts. Medical and surgical texts are on permanent reserve in the library and the surgery conference room.

ROTATION STRUCTURE

1. Small Animal Surgery is divided into two services which are separate rotations; General Surgery (soft tissue) and Orthopedic Surgery. Each service maybe composed of a senior clinician, house officer, and 5 - 8 senior students. A supplemental Orthopedic Surgery service occurs in some weeks.
2. Orthopedic Surgery receives Monday and Wednesday. The Supplemental Orthopedic (when it runs) and Soft Tissue Surgery (General Surgery and Denistry) receive on Tuesday and Thursday. Dental cases will be received on Monday and Tuesdays for examinations and will return for dentals on the following Wednesday and Thursday respectively. Some cases are received on Tuesday will stay for dentals on Wednesday.

During receiving, introduce yourself to the client, take the client to a clean exam room, take the patient history and perform a physical examination. Proceed to the ward to write your differential list and plan. When this is done, contact a clinician to discuss the case. You and the clinician will return to the exam room to look at the patient and finalize the plan with the client. Take the client to the Small Animal Discharge/Emergency Desk for a deposit. Never allow a client to leave without having them speak to a clinician or without paying a deposit.

Dental patient receiving: After you have taken the patient history and performed a physical examination, take the patient back to Ward three to draw the lab samples that you feel are appropriate for that patient. Page the Dental clinician to look at the patient and she will then come with you to speak to the client. You will send dentals home that same day with appropriate discharge instructions to return on the scheduled procedure day by 7:30 A.M. with no food after 10:00 P.M. Make sure you are available at 7:30 A.M. to receive the patient and ask the client if they remembered to withhold food.

3. Proper, neat attire and a professional attitude are required at all times. Carry a pen, stethoscope, thermometer, bandage scissors, suture scissors, a plexor, calculator and hemostats. Wear your identification badge with your picture visible at all times. Scrubs are not to be worn outside the building. Bring your scrubs and shoes with you and change at the hospital. A lab coat should be worn over scrubs at all times you are not in the operating room.

GRADING

The Small Animal and Orthopedic Surgery Rotations are three weeks long. Each student will be evaluated at the end of each three-week service rotation. In some blocks, several different instructors may teach in a three week period and in that case all instructors will collaborate in assigning a single three week evaluation. **Students on the Orthopedic Service will be given two tests; one on the third day of the block which will cover topics given in third year surgery (please review your notes), and one at the end of the block which covers all cases seen and general orthopedic knowledge.**

YOU MUST RECEIVE A PASSING GRADE (70%) on these tests to pass the orthopedic rotation. Other policies regarding grading stated in the College Student Handbook or Senior Handbook remain in effect.

STUDENT RESPONSIBILITIES

1. Student duties include patient management, assisting in surgical procedures, primary surgeon on elective procedures, diagnostic procedures and procedure ordering, record keeping, and accounting. Students desiring to participate in ongoing research projects are permitted to do so if clinic responsibilities permit.
2. Students are responsible for daily client communications. (See paragraph 15)
3. The Small Animal Surgery section provides 24 hour emergency coverage. All students are required to participate in after-hours, weekend, and holiday emergency coverage. Emergency duty schedules are distributed prior to the beginning of each block.
4. Students are responsible to maintain the surgery ward, recovery room, conference room and general-use hospital areas in a clean and organized condition. All work areas must be cleaned following diagnostic or therapeutic procedures. Students must promptly move animals in a soiled cage or run to a clean cage or run. Personal items (backpacks, coats, etc.) should not be in the Small Animal Surgery Conference room. They should be stored elsewhere such as lockers in the restrooms. Eating and drinking are allowed provided the room remains tidy with all trash, crumbs and spills properly addressed. This privilege will be suspended if the conference room is dirty or unorganized.
5. **Walking Dogs.** Dogs that are difficult to handle, aggressive, or prone to breaking away from a leash should not be taken outside. Patients should be on a leash at all times and only taken to the dog exercise area. Students must maintain a secure hold on dogs while outside. Clean hallway "accidents" promptly. Students are responsible for cleaning up after their patients in the exercise area.
6. Students must arrive in time to care for their cases and complete SOAPs by 8:30 A.M. Remember that more cases or complex cases (ICU) will require more time. ICU cases must have their 7:00 A.M. treatments completed by the primary student on the case. If you do not have cases, you will still need to arrive by 8:00 A.M. to assist classmates or pick up transfers.
7. **Important Deadlines.**
 - A. **Clinical Pathology** - for same-day results submit samples by the specified deadlines. (See Appendix I - Laboratory Policy)
 - B. **Anesthesia and Surgery** request forms must be submitted by **3:00 P.M.** the day prior to surgery
 - C. **Radiology** request forms should be submitted as soon as possible when the diagnostic plan is determined. Schedule special procedures through a radiology veterinary technician or radiologist on duty at least one day in advance.
8. **Patient Hospitalizations**

The day prior to receiving, a list of the appointments will be posted by 4:00 P.M. You should sign up for cases at that time and check the next morning for additional cases or cancellations. Please try to distribute cases evenly with your peers because the Small Animal Surgery Section does not monitor case assignments.

A cage card should be placed on the cage/run with the animal's sticker, your name and the name of the clinician when the patient is first taken to the ward/run. All patients must be fitted with a hospital collar for proper identification. Request owners take leashes and collars with them instead of leaving them with the patient. Provide fresh water, clean bedding and food if appropriate. Patients are your responsibility and should be checked on frequently, walked and medicated. If you are unable to do these things, ask one of your classmates or the ward veterinary technician to help.

All pharmacy sheets must be signed by a clinician. Be sure to include the animal's weight so that doses can be checked.

Nothing less than optimal care is acceptable. If you need help, ask.

9. Preoperative Responsibilities.

You have a number of responsibilities when a patient you are assigned to goes to surgery. When the caseload is high, you may be asked to perform some of the duties described below even if the patient is not your primary responsibility.

- A. Make certain appropriate presurgical blood work is ordered and performed.
- B. Make certain food is withheld from patients scheduled for surgery by 10:00 P.M. the day before surgery. Place a NO FOOD sign on the cage and remove food from the cage before you go home the evening before surgery is scheduled. Water should be available at all times.
- C. Check-out medications (e.g. antibiotics) to be administered at induction of anesthesia. Bring medications to the anesthesia induction area.
- D. Turn in anesthesia and surgery requests by 3:00 P.M. the day prior to surgery. If this is not possible (emergency), submit the request as soon as possible and notify the clinician.
- E. Prepare histopathology and culture request forms prior to surgery if specimen acquisition is anticipated. Submit specimens to the proper laboratory as soon as possible after surgery. Make certain all forms are filled out completely, including pertinent historical information.
- F. Be available during anesthesia induction and surgical preparation. You may have to help if the veterinary technicians are busy.
- G. Be prompt! Be in the operating room at the time your patient is scheduled to be on the table. It is unacceptable for staff or faculty to have to page you to come to the operating room.
- H. Prepare a postoperative analgesic plan and have it ready.

10. Intraoperative Responsibilities.

- A. Assist in patient positioning and set-up of surgery suite.
- B. Veterinary technicians perform final surgical preps. **You are expected to comply with other requests made by operating room veterinary technicians.**

- C. Your responsibilities during surgical procedures for which you are scrubbed-in depend on the complexity of the procedure and your technical ability. Prepare for every procedure as if you will be the primary surgeon. You will be assisting in difficult, occasionally lengthy procedures. Your goal is to learn by participation and observation.
- D. If you do not have a good understanding of the surgery, you will be asked to leave the surgical suite to study and demonstrate your knowledge later.

11. Postoperative Responsibilities. You are responsible to:

- A. Help transport the patient to recovery or ICU.
- B. Submit samples to the appropriate laboratory in a timely manner.
- C. Assist the recovery ward veterinary technician as needed in performing the following duties:
 - 1). Monitor anesthesia recovery until the patient is extubated, sternal, and normothermic.
 - 2). Return the patient to ICU or the surgery ward.
- D. Develop a post-operative analgesic plan and implement it. Discuss the plan with the clinician before ordering the medications.
- E. Perform physical therapy as indicated.

12. Surgery Reports.

The student assigned to a case is responsible for typing a surgery report for any procedure performed on his/her patient. The report should include a general description of the approach, procedure, and closure including suture types and patterns, pathology observed, tissue removed, implants added, and intraoperative complications. Surgery reports must be completed on the appropriate medical record forms (electronic blank) within 24 hours of surgery. The surgeon will review the surgery report and make corrections/additions. Students who do not complete surgery report forms will earn a failing grade.

13. After Hours Patient Care

There is a book in ward three for you to record medications and treatments that your patients will need after 7:00 P.M. The emergency student is responsible for these treatments. If you are the emergency student, record any tasks performed for the patient, whether the animal urinated or defecated and any problems. Notify the emergency clinician and the student of any concerns.

14. Discharge Instructions.

Students are responsible for writing discharge instructions for all hospitalized patients. Handwritten discharge instructions using the appropriate form are adequate for outpatients. Typed instructions are required for all inpatients. Make the instructions appropriate for the client and the referring veterinarian. Refer to the RDVM by name. Think about what is appropriate instead of copying others' efforts. Have the clinician approve the rough draft before printing final copies (three copies) on letterhead. The original goes to the client, one copy goes in the medical record and the other copy is faxed to the referring veterinarian by filling out the appropriate fax overlay and depositing it in Medical Records. Students are responsible to make sure the appropriate copy is

placed in Medical Records Fax Tray. Medical Records should be brought to the Small Animal Discharge/Emergency Desk personnel for auditing as soon as possible, but at least two hours before the animal is expected to go home.

15. Client Communication.

- A. Verify the client's phone number at presentation.
- B. As a general rule, call every client every evening and immediately after surgery unless instructed otherwise. Occasionally, the attending clinician or resident will contact the client.
- C. Daily client communication should include.
 - I. An update on the patients' condition.
 - II. An update on the bill. You will be keeping an accurate record of charges to date on VetStar.
 - III. The diagnostic or therapeutic plan.
- D. Record every conversation in the Client Communication screen in VetStar.

16. SOAPs

All patients need a complete SOAP every morning prior to rounds (twice daily at 7:00 A.M. and 7:00 P.M. for ICU patients) and in the evening. As the day progresses, additional information can be written as an addendum. Keep records succinct; but remember to include all pertinent information including differentials, plans and an explanation of the thought process behind the management of the patient. The record is a legal document and should be professionally written, legible and with appropriate grammar. Use ink. The problems should be named, numbered and addressed daily until inactivated. Problems that are related can be combined.

SURGERY ROUNDS

1. Morning Rounds

Rounds are held in the ward or Small Animal Surgery Conference Room (C - 102) Monday through Friday at 8:30 A.M. Have all S.O.A.P.'s completed prior to morning rounds.

Morning rounds typically last 20 to 60 minutes. Be prepared to present an in-depth and concise summary of your case. Always begin your discussion with the signalment of the animal. Have pertinent laboratory data and radiographs available for review.

Other rounds formats, such as case discussions, slide presentations, or literature reviews, may be substituted for ward rounds at the clinician's discretion as time permits.

2. Evening Rounds

Rounds will be held in the ward or Small Animal Surgery Conference Room (C -102) Monday through Friday at the end of the day. The time will be announced by the service clinician. Evening rounds vary in length and may include in-depth case discussions.

3. Weekend Rounds

Morning rounds will be held on weekends at the discretion of the clinician. While the atmosphere is somewhat more relaxed, appropriate attire is required if you plan to see clients and/or discharge patients. You may be required to be in the hospital if your patient is discharged on Saturday or Sunday.