

# GUIDELINES FOR VETERINARY EMERGENCY AND CRITICAL CARE FACILITIES

*These guidelines are intended to provide **minimum standards** for veterinary emergency and critical care facilities.*

## DEFINITIONS/TERMINOLOGY

To avoid confusion on the part of the general public and to provide guidelines for consistency in the designation of Veterinary Emergency Facilities, the following nomenclature is suggested which is consistent with the AVMA guidelines. The veterinary Emergency and Critical Care Society (VECCS) recommends that the following terminology be used when referring to emergency service and facilities.

**Emergency Service:** The category of service provided should be clearly evident to the public.

- **Veterinary Emergency Service** - A veterinary service with a veterinarian on the premises during all hours of operation receiving and managing emergency cases.
- **On-Call Veterinary Emergency Service** - A veterinary service on-call or available to receive and manage emergency cases as requested if veterinarian is available. Does not have constant coverage by a veterinarian during all hours of operation.

**Emergency Facility:** A veterinary facility with the primary and dedicated function of receiving and managing emergency patients during its specified hours of operation.

- **Emergency Clinic** - A facility that is specifically operated, staffed and equipped to provide emergency service. Most patients are treated on an outpatient basis. The specified hours of operation are expected to be other than the normal business hours of general veterinary practices. Patients are transferred to the primary care veterinarian the next workday.
- **Emergency Hospital** - Emergency facility similar to an Emergency Clinic but with more advanced capabilities enabling hospitalization and management of multiple critical patients.
- **Emergency/Critical Care Center** - A facility specifically designated to be operated, staffed and equipped (in accordance with Parts 1 and 2 of these guidelines) 24 hours a day to provide a broad range of veterinary emergency and critical care service. It is suggested that professional staff include board certified specialists and veterinary technician specialists (AVECCT). Centers that share a facility with a specialty practice or primary care practice must provide staffing and equipment to ensure appropriate emergency and critical patient care.

## PART 1: MINIMUM GUIDELINES FOR A VETERINARY EMERGENCY FACILITY

### Staffing

During the specified hours of operation a licensed veterinarian should be on the premises at all times and sufficient staff must be available to provide expedient patient care. Staffing should be sufficient to allow:

- Processing multiple patients
- Performance of a wide range of life-saving procedures to include but not be limited to cardiopulmonary resuscitation and emergency surgery. This requires at least three people, including one veterinarian and one veterinary technician.
- Appropriate and timely consultation with veterinary specialists. A close association with a Diplomate of the American College of Veterinary Emergency and Critical Care, or other veterinary diplomates with a special interest and experience in emergency and critical care is

recommended to optimize patient care and facilitate patient referral if necessary.

### Communications

Good communications must be maintained to allow efficient transfer of patient information between the emergency facility and primary care veterinarians. It is highly recommended that the emergency facility have all the clinic and home telephone numbers of primary care veterinarians. A report should be sent to the primary care veterinarian in a timely manner to ensure immediate continuity of care and for inclusion in the patient's permanent record.

**Medical Records** A complete and thorough medical record on file for each patient should be kept at the emergency facility. The Medical record must follow AVMA guidelines for the POMR and must include:

1. Client identification
2. Patient signalment
3. Presenting complaint(s)
4. History
5. Physical examination
6. Clinical pathology tests performed and results
7. Diagnostic imaging procedures and interpretation
8. Tentative diagnosis or rule-outs
9. All treatments including anesthesia records and surgical procedures
10. Progress notes
11. Medications administered
12. Client instructions and other client communications including release forms
13. Client and referring veterinarian communications
14. All entries in the medical record should clearly identify the individual(s) responsible for administering care and entering data.

**Continuing Education** Continuing education must be provided for professional and technical staff and must allow:

- veterinarians and technicians to comply with CE requirements for state licensure.
  - veterinarians to meet specialty board CE requirements to maintain certification
  - technicians to meet CE requirements of their respective certification and licensing boards
- All veterinarians should obtain at least 30 hours of accredited continuing education every two years in the field of emergency and critical care medicine. Veterinarians in Animal Emergency Centers should obtain at least 40 hours of CE every two years in the field of emergency and critical care medicine. Technicians should receive at least 24 hours of continuing education in the field of emergency and critical care medicine every two years. A system of ongoing, inservice training should be provided for veterinarians and technical staff to assure teamwork and familiarity with current procedures and guidelines. All facilities should maintain a library containing current textbooks, periodicals and, ideally, electronic data sources and Internet access.

**Emergency Capabilities** The level of care and maintenance provided in areas of laboratory, pharmacy, medicine, surgery, radiology, diagnostic imaging, anesthesiology, infectious diseases control, and housekeeping should be consistent with currently accepted practice and procedures for a veterinary emergency and critical care facilities and comply with state, federal, and provincial directives. Instrumentation, pharmaceuticals, and supplies should

be

sufficient for the practice of medicine and surgery at a level of care consistent with that expected in the practice of veterinary medicine as directed by the individual country, state or province practice acts.

Emergency facilities should have procedures in-place to quickly obtain specialist consults and to refer cases as appropriate.

All emergency facilities should have the capacity to perform the following:

1. Diagnosis and management of life-threatening emergencies including cardiovascular, respiratory, and neurological problems to include: a) cardiopulmonary resuscitation including electrical defibrillation b) placement and maintenance of thoracostomy tubes, c) emergency tracheostomy and tracheostomy tube care, d) oxygen supplementation, e) assisted ventilation.

2. Monitoring capabilities should include: a) electrocardiogram, b) arterial blood pressure, c) central venous pressure, d) pulse oximetry, e) esophageal stethoscope.

3. Emergency surgery including: a) surgical hemostasis, wound debridement and application of wound dressings, b) stabilization of musculo-skeletal injuries, c) aseptic thoracic, abdominal, and neurosurgery, or d) be able to refer to a facility that can perform these procedures in a timely manner.

4. Treatment of circulatory shock using crystalloids, colloids and blood products and equipment such as calibrated burettes or infusion pumps to allow accurate delivery of fluids. Facilities should have natural and/or artificial blood products and the capacity to type and cross match donor and patient blood.

5. Anesthetic and analgesic therapy to include opiates, non-steroidal medication, and inhalational anesthesia.

Intra-operative monitoring should include an electrocardiogram, esophageal stethoscope, blood

pressure monitor and pulse oximetry when appropriate.

6. Laboratory functions: Perform in a timely manner a) a complete blood count, BUN, refractometric total solids, blood glucose, urinalysis, b) activated clotting time, c), electrolyte measurements (Na, K, Cl), d) FIV/FeLV serology, e) cytology, f) heartworm testing, and g) fecal examination (flotation, cytology and parvovirus antigen test). Additionally, an emergency facility must have laboratory supplies to collect, prepare, and preserve samples for a complete serum biochemical profile, blood gas analysis, full coagulation profiles, microbiological culture, and histopathology.

7. Imaging: a) Produce good quality radiographs while ensuring the safety of patient and staff. A radiographic machine of at least 300 mA and an automatic film processor are highly recommended. b) On-site ultrasonography capability is highly recommended

8. Have or have ready access to endoscopy.

## **PART 2: MINIMUM GUIDELINES FOR A VETERINARY EMERGENCY AND CRITICAL CARE CENTER**

Emergency and Critical Care Centers must meet all the previous requirements as well as the following:

1. Be able to serially monitor a CBC, full serum biochemical profile, coagulation screen and blood gases **on site**.

2. Monitor direct arterial blood pressure and end tidal carbon dioxide concentration.

3. Perform peritoneal or pleural dialysis.

4. Have the ability to provide enteral and parenteral nutrition.

5. Perform long-term mechanical assisted ventilation.

Disclaimer:

“Lisa Taylor-Austin believes there was merit to her claims that Dr. Deforge negligently cared for her cat, Simba, and that he misrepresented whether he was a Board-certified dental specialist. Dr. Deforge denies these claims and asserts that the Department of Public Health’s veterinary board cleared him of any wrong doing. However, Dr Deforge agreed to pay \$7,500.00 to compensate Ms. Taylor-Austin because he believed the risks inherent in any lawsuit and the cost of missing two weeks from his practice made it imprudent to go to trial.”

Note: My guardian’s costs for my medical care and all legal avenues exceeded \$20,000.