

DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC16-31, 16-32 and 16-33

Drs Juliett, Lima, and Oscar¹

Section 39 referral

Introduction

1. A Complaints Assessment Committee (CAC) of the Veterinary Council of New Zealand (VCNZ) has investigated a referral about Drs Juliett, Lima and Oscar. The CAC has concluded that it will be taking no further action in relation to any of these veterinarians for the reasons set out below.

Summary of complaint

2. Drs Juliett and Oscar are veterinarians at Alpha Vets. Dr Lima is employed as a senior veterinarian at the same practice.
3. Mrs Quebec was advised by her usual veterinarian (at a different clinic) that her dogs (India, Sierra and Romeo) needed dental work (scale, polish and potential extractions). She took all three dogs to Alpha Vets to have the work done on Friday 30 September 2016. The initial consultation was with Dr Juliett who recommended that all three dogs' teeth be given a scale and polish. She advised that India needed to have several teeth removed and Romeo potentially needed to have a tooth removed.
4. Dr Juliett recommended that India have a pre-anaesthetic blood test, as well as intravenous fluid before and during the anaesthetic period. She advised Mrs Quebec of the importance of the intravenous fluids, given that India was an 'older dog'. Mrs Quebec declined the blood test but agreed to India being given fluids. Mrs Quebec claimed that no mention was made of the risk of general anaesthetic.
5. Mrs Quebec wrote that she received a call from Dr Lima just before 11am advising that *'India didn't make it'*. She reported that he told her *'we gave her the premed and fluid, when we went to give her the GA we noticed she wasn't breathing and we only gave her a small amount of GA'*. Mrs Quebec asked Dr Lima what she should do next and he spoke with her about the options (cremation, home burial etc). She made arrangements to collect India when she came to pick up Sierra and Romeo and described Dr Lima as having been kind to her.
6. Mrs Quebec said that she paid the fees required and Romeo and Sierra were discharged to her care by vet nurses who gave her aftercare instructions. She took the two dogs out to her car before returning to the clinic to collect India.
7. Dr Oscar spoke with Mrs Quebec before India was brought out to her. Mrs Quebec wrote that Dr Oscar expressed her condolences and explained that staff had *'tried to resuscitate [India] in three ways and nothing worked'*. Mrs Quebec said she told Dr Oscar that she should have agreed to have the pre-anaesthetic blood testing done. She reported that Dr Oscar told her *'gruffly'* that *'it wouldn't have made a difference'*.

¹ Names, locations and identifying features have been changed.

8. Mrs Quebec requested the clinical records held by Alpha Vets for her dogs. The first set of records (Romeo's) was sent to her on 3 October 2016. She responded to Alpha Vets that she was looking forward to receiving the other dogs' records so she could *'add these to their normal vet records'*. She phoned the clinic on 4 October to follow up on her request and then sent a further email on 5 October. The records were provided to her later that day with an apology and the explanation that *'there was some miscommunication within the new nurses lately'* [sic].
9. Mrs Quebec reviewed the clinical records, which she provided to the CAC. She noted that India *'was given nearly twice than her sister of the pre-med who is heavier, plus no notes on her previous surgery which she was speyed and had teeth removed of the pre med or GA'* [sic].
10. Mrs Quebec notified VCNZ of her concerns in October 2016. She listed these as follows.
 - *'Request for clinical notes made Monday for four dogs, one dogs received, rest took additional 2 days of an email and call, and finally 2nd email with mention of Vet Council and Privacy Act*
 - *Missing information regarding GA administered, resus meds, and notes of events of India's premed/fluid/GA and resus*
 - *No record of events of India's treatment in sad circumstance, who administered what*
 - *Missing information also can be noted on my other fur babies records – again missing administered meds*
 - *Missing info on Sierra/Romeos clinical records, meds etc*
 - *Pool of vet nurses or trainees at desk but believe I dealt with trainees who did not give appropriate information'* [sic].
11. The notification was considered by the Notification Review Group (the NRG) which sought a response from the veterinarians. After receiving this response (one letter on behalf of all three veterinarians), clinical records from Alpha Vets, and the pre-med and propofol dose rates, the NRG *'considered that there may have been a serious breach of standards regarding record keeping'* and referred the matter to a CAC for investigation. The NRG also asked that the CAC *'review the IV fluid rates during surgery'*.

Veterinarians' response

12. In their combined response, Drs Lima, Julieta and Oscar wrote that Dr Julieta was responsible for admitting India for the dental procedure on 30 September 2016 and that she had advised Mrs Quebec that *'there was a risk of anaesthetic for older dogs.'* She recommended a pre-anaesthetic blood test and intravenous fluids before and during the anaesthetic period. The entry in the clinical notes for that consultation reads *'Warn of GA risk for older dogs. Recommended PAB and IVFT. O wants fluids. Declined PAB'*. The vets also noted that prior to India's spay procedure in August 2015, the consulting vets discussed the anaesthetic risks with Mrs Quebec. This is indicated in that clinical history where it is recorded *'O aware of anaesthetic risk'*. (On that occasion, Mrs Quebec consented to both pre-anaesthetic blood testing and intravenous fluids.)
13. Regarding the pre-anaesthetic medication dispensed, the clinical notes record *'09 of Premed Inj'*. In the vets' combined response to the CAC, they explain that *'this is a mixture of ACP (a sedative) and Morphine (an analgesic). This is the standard dose we use for a dog of India's body weight (3.34 kg). This mixture contains 0.675 of*

morphine and 0.135 mg ACP. Plumbs Veterinary Drug Handbook suggests a dose of ACP of 0.05 mg/kg when given with Morph at 0.5 mg/kg – for India, this would have been 0.1725 mg of ACP and 1.725 mg of Morphine. So she had a smallish dose.'

14. In terms of the anaesthetic itself, the vets wrote that *'the anaesthetic induction agent is routine here – always 1% propofol, unless otherwise noted on the record'*. Given India's body weight the syringe used for her contained 1.4ml propofol. *'This was given slowly intravenously until endotracheal intubation (passing a tube down the throat, into the airway) was possible. She was then maintained via inhalation via the tube on 2% isoflurane and oxygen'*. The CAC was later informed that the initial oxygen flow rate was 2L/minute.
15. Dr Lima, who administered the anaesthetic, advised the following.
 - He has *'always relied on the surgery nurse to keep the anaesthetic log, but this was not possible on this day.'* When questioned about this by the CAC he advised that *'all free staff members were focusing on administering the anaesthetic and intravenous fluid therapy for the surgery'*
 - *'the fluid administered was lactated ringers (Hartmans) at a rate of 21ml/hour'*
 - When it was realised that India wasn't breathing well, he immediately instituted a resuscitation plan. He started bagging (intermittent positive pressure ventilation) India at 15-20 breaths per minute with a high oxygen flow (8L/minute) via the endotracheal tube. Another vet started cardiac massage, at 2 compressions per second, and the third vet started adrenaline treatment – 0.75mg intravenously, then 1.5mg via the endo-tracheal tube, and eventually 0.75 directly into the heart. The CAC was later informed that the adrenaline doses were given at approximately 3 minute intervals.
 - Attempts to resuscitate India were discontinued after about 20 minutes.
16. In a subsequent communication Dr Lima wrote that he appreciates that *'the clinical record for India on that day was very brief. My approach to writing clinical records is always such that any other vet could read the record and immediately take over the case. Sadly, in this case, as I wrote I knew that no other vet would be taking over – hence the brevity'*.
17. In response to Mrs Quebec's concerns about Dr Oscar's comment that *'nothing would have helped her'*, Dr Lima commented on behalf of the vets. He wrote *'I am certain that Dr Oscar was trying to take any guilt off Mrs Quebec's shoulders'*. He noted that Dr Oscar wrapped India *'nicely in a blanket to try and reduce shock [for Mrs Quebec] when seeing the body, and so that India's body would enter rigor mortis in a natural position'*. Dr Oscar gave Mrs Quebec the opportunity to ask any questions before ensuring that she was ok to drive home. She asked Mrs Quebec if there was anyone that she would like contacted and advised her that *'she was welcome to stay in the consult room, and there was no rush to leave'*.

The CAC's investigation

18. The CAC obtained India's clinical records from Alpha Vets. It also contacted Mrs Quebec's usual vet and requested India's clinical history. This noted that India had undergone dental work under general anaesthetic on 6 January 2015. Seventeen teeth had been extracted due to "trench mouth". The notes recorded *'0.15 Temgesic/0.15ml Atropine/0.06ml ACP/0.8ml Alfaxon maintained under isoflurane, 150mls s/c fluid administered, home with antibiotic care'*.

19. The CAC asked the veterinarians from Alpha Vets to clarify details about what happened during India's procedure on 30 September 2016.
20. Regarding the pre-med solution, the vets advised that this is made up in quantities of 40mls at a time and stored in light proof bottles in the safe (this quantity normally lasts for approximately one week depending on the number of anaesthetic procedure booked in). It consists of 30mls of Acepromazine 2 combined with 10ml Morphine.
21. In response to questions about the anaesthetic, they advised the CAC that:
 - the brand name of the propofol used is Repose and that 100ml bottles are used
 - the bottle used on India was *'probably'* opened on the day (30 September 2016) as normally many bottles are used per day
 - while India's syringe contained 1.4ml of the propofol solution *'half the dose (0.7ml) was given to effect (able to be intubated) over 15 seconds. This was all that was required to anaesthetise India'*
 - it was approximately 1–2 minutes after the propofol was administered that it was realised that India was not breathing
 - that the anaesthetic protocol used by Alpha Vets on India on 25 August 2015 was *'0.15ml Temgesic, induced with propofol, and maintained on Isoflurane and Oxygen.'*
22. In response to questions regarding the monitoring of India's anaesthetic the CAC was informed that:
 - Dr Lima was the person monitoring the anaesthetic
 - there was no electronic monitoring equipment being used to monitor the anaesthetic
 - neither India's blood pressure or heart rate were being monitored during the procedure. What was being monitored was her breathing rate and rhythm, eye position and jaw tone and that Dr Lima was checking these on an average of every 20 seconds
 - no electronic monitoring was undertaken once it was realised that India was in arrest as there were *'Not enough staff to set it up, all were busy focusing on CPR'*.
23. The veterinarians advised that:
 - no post-mortem examination was offered to Mrs Quebec as, when she was informed of India's death, *'she immediately stated that she would come to collect India's body to take her home'* and she *'was clearly distressed from the loss of India'*
 - there was no internal enquiry undertaken with regard to India's death
 - Alpha Vets administers approximately 125 general anaesthetics per week (however this varies depending on the case load). In the past year only one other death was stated to have occurred during anaesthesia or within 2 hours of the animal waking up from the anaesthesia. (This was a *'stray aggressive cat who died upon recovery after the neuter procedure. On post mortem examination the cat was covered in fleas, had worms around the anus and liquid diarrhoea at the anus. The intestines felt thickened and very liquid. A pre-anaesthetic exam was not possible on this cat as it was very aggressive. It came in as a trap, neuter, release cat in a cat trap cage.'*)

The Code of Professional Conduct for Veterinarians

24. The CAC referred to the requirements of the Code of Professional Conduct for Veterinarians (the Code). The sections of the Code which are relevant to this complaint are attached as Appendices 1 and 2.

CAC considerations

25. In her original complaint Mrs Quebec claimed that no mention was made of the risk of general anaesthetic. The CAC notes that Dr Juliatt's clinical history has the notation '*Warn of GA risk for older dogs*' and that Mrs Quebec also signed the Anaesthetic – Surgery – Procedure Consent Form that states '*I have also been informed that there are certain risks and complications associated with any anaesthetic, operation, or procedure of the above type. These possible complications have been explained to me as well.*' The CAC consider that part of the process of obtaining informed consent is ensuring that the client has heard and understood the information they are being given. It is the CAC's opinion that the best way of doing this is by questioning the client about what they have been told. Just because the client has signed the consent form does not always mean they have read and understood what they are signing. Likewise there is an obligation on the client not to sign a consent form if they do not fully understand what they are signing.
26. It is apparent that the Anaesthetic – Surgery – Procedure Consent Form was written on after India's death. The CAC does not consider that this is good practice and recommends that consent forms should not be amended after they have been signed by the client.
27. The CAC noted that the Alpha Vets' Anaesthetic – Surgery – Procedure Consent Form has a grid at the bottom for recording the amount, route and time of administration for drugs given; in India's case this information was not fully recorded. It is the CAC's opinion that India's clinical records are not up to the standard required by the Code. The records are lacking full detail regarding the treatments administered, the time and route of administration of those treatments, as well as the actions taken, and by whom, in the attempt to revive India. It is the CAC's opinion that this information should have been included in the original records and the CAC should not have had to ask for it. While this information should be recorded in all cases it is especially important that this information is recorded when an animal has had an adverse event while being treated.

The CAC is of the opinion that while the clinical records were not up to the standard required, the treatment India received and the measures taken to revive her were acceptable.

The clinical histories of Mrs Quebec's two other dogs, Sierra and Romeo, also lack detail regarding the drugs administered, the time and route of administration of those drugs, the length of the procedure, and records of any anaesthetic monitoring.

28. Regarding the variance in pre-anaesthetic medication administered to Sierra (who weighed 3.6kg and received 0.05ml of pre-med) and India (who weighed 3.45kg and received 0.09ml of pre-med), the CAC notes that the Alpha Vets' Dog Anaesthetic Dosing chart indicated a dose of 0.09ml for both dogs. Romeo, Mrs Quebec's other dog, weighed 2.3kg and received a similar dose of pre-med, per kilogram of bodyweight, to India and had no problems. The pre-med volumes received by India, and Romeo, were within the range quoted in the recognised reference Plumb's Veterinary Drug Handbook.

29. Repose's label includes the instruction to *'Discard the unused contents of the vial within 24 after opening.'*
30. The CAC considers that the delay between Mrs Quebec's receipt of Romeo's records and those of her other dogs was unfortunate. When Mrs Quebec phoned Alpha Vets on Tuesday 4 October (for a second time) to request the records, she should have been informed if there was going to be a delay in sending the records. She should not have had to request the records for a third time. It is the CAC's opinion that the miscommunication between the new nurses is an acceptable reason for the initial lack of response, but not acceptable when a third request was necessary.
31. In response to CAC questions about India's intravenous fluid flow rate the vets stated that the rate was *'21ml per hour'* and that *'This rate was in accordance with AAHA fluid therapy recommendations.'* The current American Animal Hospital Association (AAHA) guidelines for dogs are 5ml/kg/hour. India weighed 3.4kg so the calculated fluid administration rate would be 17ml/hour. There was no record of how long India had been receiving the intravenous fluids for.
32. In her summary of concerns Mrs Quebec noted her concern about the appropriateness of the discharge instructions she was given. She believed that she *'dealt with trainees who did not give appropriate information'*. The CAC note that elsewhere in her documentation Mrs Quebec states that *'Romeo and Sierra were bought (sic) out and I was handed them by different vet nurses with explanations and a print out of after care.'*

Health and competence

33. The CAC found no concerns during its investigation about Drs Juliett's, Oscar's or Lima's competence or health. It therefore found no need to make any recommendations to VCNZ about this.

Decision

34. Based on the considerations set out above, the CAC considers that this case can be closed and no further action needs to be taken.

Recommendations

35. While the CAC considers that no further formal action is needed, it has identified areas where Drs Juliett, Oscar and Lima's practice could be improved. In particular, the CAC recommends that they:
 - review their clinic's procedures for getting informed consent and their use of the Anaesthetic – Surgery – Procedure Consent form to ensure that the client is giving true informed consent for the procedure and report back to VCNZ with the changes they have made in six months' time
 - do not write on the consent form after it has been signed
 - review the VCNZ document Guidance on Anaesthetic Monitoring and make changes, if required, to comply with this document. See Appendices 3 and 4 and report back to VCNZ with the changes they have made in six months' time
 - review the latest information on perioperative intravenous fluid administration rates
 - ensure that their Anaesthetic – Surgery – Procedure record sheets are completed in full, even for minor procedures and that they contain sufficient information. This information needs to be permanently attached to the animal's clinical records

- in cases of perioperative death that an internal investigation is carried out to determine if methods could be improved and report back to VCNZ on their progress with this in six months' time including information about any investigations that have been carried out since the receipt of this decision
- review their procedures with regard to providing clients with copies of their animals histories to try and ensure that there is not a repeat of what happened to Mrs Quebec; and report back to VCNZ with the changes they have made in six months' time
- review their discharge protocols to try and ensure that clients have a good understanding of the aftercare that their pets require and report back to VCNZ with the changes they have made in six months' time.



6 June 2017

Dr Mark Simpson
Chair
Complaints Assessment Committee

Date

Learnings for the Profession

The Code of Professional conduct states that clinical records must be of such detail that another veterinarian could take over the management of the case at any time. However, even when it is certain that no other veterinarian will be involved (ie when the animal dies), clinical records should still accurately record all the usual details. This ensures that they present a full and complete clinical history of the animal's care.

All anaesthetics need to be monitored carefully and appropriately.

Appendix 1: Code of Professional Conduct for Veterinarians (the Code)

Client Relationships

2. Veterinarians must obtain the client's informed consent before proceeding with a proposed treatment/course of action. This includes:
 - a. making sure clients have enough relevant information to make an informed choice about treatment options
 - b. giving clients the information they need in a way they can understand
 - c. checking clients' understanding of the information, and ensuring they have the ability and authority to give informed consent
 - d. ensuring the informed consent process is adequately documented.

Understanding Section 2

- b. Informed consent is an interactive process between the veterinarian and client. It's not just a single approval for a treatment plan or a signed consent form. For example, further consent is required where the condition of the animal and/or treatment options change.
- c. Client understanding is enhanced when:
 - i. information is given in lay terms (without technical jargon)
 - ii. clients are given the opportunity to ask questions or request additional information
 - iii. clients can relay their understanding of the information given back to the veterinarian
 - iv. (where appropriate) clients are given enough time to make an informed decision.
- d. 'Enough relevant information' means sufficient, relevant information being given to a 'reasonable' person in the client's position to make a considered decision on whether to accept or reject the recommended treatment/course of action. In general:
 - i. a simple procedure involving minimal risk and using current well-recognised options will require minimal detail
 - ii. a complex procedure will require detailed information, especially if less common/routine options are recommended and/or the risk is high or unknown.
- e. The following information must be provided:
 - i. the likely diagnosis where appropriate and the reason for the proposed course of action
 - ii. treatment options including expected outcomes, risks, side effects, benefits and costs (this can be a range of likely costs)
 - iii. the veterinarian's experience and skills to undertake the treatment, where appropriate
 - iv. referral options, where appropriate
 - v. post treatment requirements and likely costs.
- g. The process of obtaining informed consent is ideally documented by a signed, consent form attached to the clinical record. Sample forms are available from the Veterinary Professional Insurance Society (VPIS) through NZVA. When verbal consent is given this must be noted in the clinical record.
- i. The veterinarian responsible for the case must ensure that informed consent has been given before proceeding. Delegating some or all of the process to other staff (such as a veterinary nurse or receptionist) may be appropriate when:

- i. the proposed treatment is a common procedure, especially when requested by the client e.g. de-sexing operations
- ii. the staff have been appropriately trained and protocols are in place and followed.

The accountability for the process remains with the veterinarian in charge of the case and there must be the opportunity for clients to talk with the veterinarian if they have expressed any concerns or request it.

- q. Part of the discussion to obtain informed consent should include how the veterinarian can contact the client during the procedure to discuss unexpected outcomes. Veterinarians should also gain the client's agreement to act without further consent if it becomes necessary in the interests of the animal.

Veterinary Services

- 4. Veterinarians must maintain clear and accurate clinical records. The records must:
 - a. Be of such detail that another veterinarian could take over the management of the case at any time;
 - b. Be retained for periods of time as required by statute or for the duration of time for which they remain relevant to the purpose for which they were recorded;
 - c. Not be altered retrospectively unless the changes are marked chronologically on the record, and the additions are dated and noted as being added retrospectively; and
 - d. Be made accessible to clients on request, unless there are justifiable legal reasons to withhold.

Understanding Section 4

- a. Veterinary medical records document the veterinary services provided to clients over time and chronicle the various treatments given to animal patients. These records are an integral part of veterinary care and are a legal requirement in order to record the use of restricted veterinary medicines. Medical records include radiographs or other imaging records, laboratory results, in patient treatment summaries, consent forms and any other ancillary records relevant to the case history.
- f. Veterinarians have an obligation to maintain medical records which contain enough information to allow another veterinarian to easily take over the case. The medical history should be able to be organised and retrieved efficiently, and documented in a legible form. The medical record facilitates communication between veterinarians providing treatment.
- g. Records should contain relevant clinical history and findings, decisions made, treatments provided and information provided to clients. The record should document relevant communication between veterinarian and client that directly relates to the patient.
- h. Medical records should be created at the time of the events being recorded or shortly after. Any additions or deletions made at a later time must be done so with clear reference to the date/time that these changes were made. This is so that there can be no allegation that the alterations have been made in an attempt to deceive. Medical records are legal documents and as such must provide a valid and contemporaneous record of the patient's treatment.
- k. In the interests of openness and transparency and in order to comply with the Privacy Act 1993, veterinarians must provide clients access to their animal's records on request, unless there are justifiable legal reasons not to. Where the practice incurs costs to duplicate records, those reasonable costs can be passed

on to the client in order for them to obtain their copies.

- I. Privacy Principle 6 of the Privacy Act 1993 details the rights of persons to enquire whether an organisation holds personal information about themselves, and to request access to that personal information.
 - i. Personal information is defined as information about a living human being that is capable of being identified to the individual concerned. Where an animal is owned by an identifiable individual person, records pertaining to the veterinary treatment of that animal by a veterinary practice have been considered, by the Privacy Commission, to constitute personal information about that individual.
 - ii. Veterinarians are obliged under the Privacy Act 1993 to provide access to the veterinary records of an animal when requested by the animal's owner, unless one of the grounds provided under the Act for withholding information applies. Context is important, and the provisions of the Privacy Act 1993 may not apply where the animal is owned by a trust or limited liability company.
 - iii. Access can be provided through a copy of the records or through viewing the records or providing a summary of the information if that is acceptable to the client.
 - iv. The Privacy Act 1993 sets out timelines for agencies to respond to requests for access to personal information. The Act specifies that an agency has twenty working days to make a decision to provide access to the information. Most agencies attempt to provide a decision with any information sought within the twenty working days. In the interests of facilitating client's requests, veterinarians should view these time frames as outside limits and not as guidelines on how to respond. Veterinarians are advised to provide the requested records as soon as is practical.
 - v. Where veterinarians are unsure about their legal obligations they should seek advice from VCNZ, NZVA, the Privacy Commissioner's Office or their lawyer.
- m. The requirements around records exist regardless of the form in which they are kept. Records are often made and held in electronic form, and existing paper records converted to electronic media. Provided the electronic record captures what was in the original paper version, is readable and complies with the requirements of the Electronic Transactions Act there is no need to retain the original.

Appendix 2: Competency Standards and Performance Indicators for Veterinarians (the Competency Standards)

2. Obtain and record relevant information sufficient for analysis, diagnosis and retrieval

Obtain by interview and examination a relevant, accurate and detailed history of animals presented and record this information logically, legibly and securely.

Carry out a thorough systematic physical and clinical examination of the animal presented

Where indicated, carry out or arrange such diagnostic tests and procedures (such as haematology, pathology, radiology and imaging) as are needed to make a diagnosis

Know when to investigate the environment in which the animals under investigation are kept

Indicators:

Records:

- show an adequate and accurate history
- contain an adequate record of the physical and clinical examination
- are legible, time bound and retrievable
- are treated as confidential to the owner or agent and are not divulged to others without consent, unless there is a legal obligation to do so
- contain results of diagnostic tests and procedures as appropriate to diagnose and manage the individual case
- appropriate radiographs or images taken of adequate diagnostic quality
- contain detail, where indicated, on the environment in which the animals under investigation are kept
- contain evidence of adopted treatment strategies
- retain evidence of consent to the treatment plan strategies.
- should be of such detail that another veterinarian could take over the management of the case at any time

5. Implement safe and effective veterinary procedures and therapeutic strategies

Indicators:

- Approaches, handles and restrains animals in an effective, safe, humane and ethical way which is appropriate to the circumstances
- Reaches sound conclusions following routine post mortem examination of common domestic animals
- Carries out therapeutic procedures on animals to maximise the likelihood of a satisfactory outcome and minimise the risks of untoward effects for the animals themselves and public health and safety, food safety and quality
- Demonstrates appropriate and responsible use of veterinary medicines
- Records and monitors therapeutic procedures
- Follows up therapeutic responses and modifies approach where appropriate
- Recognises and records requirements for analgesia and/or anaesthesia
- Safely induces, maintains and monitors analgesia and anaesthesia and takes steps to ensure safe and humane recovery

- Carries out surgical procedures using appropriate techniques and procedures before, during and after surgery that minimise the risk to the animal and maximise the likelihood of a successful outcome
- Undertakes accurate pre-operative assessment, uses correct techniques to minimise trauma and gives adequate post operative instructions and follow up care
- Deals effectively with the immediate emergency needs of animals and ensures the relief of pain and suffering
- Evaluates the need for euthanasia and when required carries it out safely and humanely, with the informed consent of the owner (where known) and using procedures appropriate for the species concerned and the circumstances

7. Communicate effectively

Indicators:

Demonstrates:

- effective oral and written communication skills
- an understanding of verbal and non verbal means of communication and cultural differences
- good listening skills
- avoidance of jargon
- effective conflict management techniques

With clients demonstrates:

- rapport, sensitivity, empathy, courtesy and respect
- clear and accurate explanations of findings, treatment options and likely outcomes in easily understood language
- client's understanding of the information provided is confirmed - the need for sensitivity and support for grieving clients in situations of euthanasia



Guidance on Anaesthetic Monitoring

Relevant Sections of the Code of Professional Conduct

Animal Welfare, Section 6(d).
Veterinary Services, Section 3.

Purpose of this Guidance

This document provides guidance to veterinarians on anaesthetic monitoring.

It is not possible to define a single standard in this area because of the large number of variables. As such this document sets out an overarching principle with advice on how this applies in different scenarios.

How this guidance will be interpreted in the event of any complaints or concerns raised will depend on the individual circumstances of the case.

Principle

All anaesthetised animals must be continuously attended by a person(s) who is able to:

- immediately identify changes in the physiological status of the animal, that are associated with the anaesthetic or the procedure
- alter the way the animal is being managed in order to sustain it and achieve the best possible outcome in the particular circumstances.

This requirement extends through the period of recovery from the anaesthetic until the animal is sufficiently conscious and its condition is sufficiently stable that continuous nursing support is not required.

Rationale

General anaesthesia carries inherent risks and can lead to potentially serious treatment outcomes or death.

An animal's depth of anaesthesia can change quickly, sometimes in response to surgical stimulus. Cardiovascular and respiratory systems can fail in response to injury, disease or anaesthetic drugs.

Anaesthetic machines can also fail, or run out of oxygen.

A safe anaesthetic requires someone who can take steps to prevent problems and also diagnose and treat problems immediately.

Advice on specific situations

Elective sterile surgery

While the veterinarian doing the surgery should be in a position to anticipate and prevent problems, particularly if a multifunction monitor is used, s/he is not in a position to physically respond to problems without compromising sterility.

Therefore the Council considers that another person must be in a position to act immediately when required and, in the absence of a multifunction monitor, be checking the animal's status, at a frequency appropriate for that animal and the circumstances.

It is strongly recommended that anaesthetic monitoring records are kept. The monitoring parameters to be assessed and recorded should ideally include heart rate, respiratory rate, temperature, eye position, mucous membrane colour, blood pressure, oxygen saturation and medicine/anaesthetic given.

It is also strongly recommended that the person performing the anaesthetic monitoring is appropriately trained, i.e. either a veterinarian or a trained and experienced veterinary nurse.

In some situations, it may not be necessary for the person monitoring the animal to remain continuously at the animal's side as long as they are available to respond immediately if required. For example where the animal is healthy, the anaesthetic is stable, technological monitoring devices are used, the surgery is routine and low risk and/or where the anaesthetic is not prolonged. Veterinarians are expected to use their professional judgement in deciding whether safe anaesthesia can be maintained without the constant presence of someone to monitor the animal.

For non-sterile surgery

An additional person to the veterinarian performing the procedure is desirable but not always essential. If an additional person is not present the veterinarian needs to be able to monitor the animal's status and quickly implement any required changes to its management.

For emergency surgery

If a dedicated person is not available, the veterinarian must use their professional judgement in balancing the risks involved in delaying surgery against the risks involved in anaesthetising an unstable animal. The overarching consideration should be the best welfare outcome for the animal.

The informed consent of the person in charge of the animal should be obtained and documented.

Other surgery situations

While this guidance applies to all animals undergoing general anaesthesia, the Council recognises that there will be some situations, particularly in production animal surgery, where the veterinarian does not have access to a dedicated person to monitor the animal or is constrained by the budget of the person in charge of the animal concerned

In such circumstances the veterinarian should:

- use their professional judgment in deciding whether to proceed with the surgery, bearing in mind their overarching professional obligation to protect and promote animal welfare and alleviate unnecessary pain and distress
- obtain and document the informed consent of the person in charge of the animal.

