

DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC16-42 and 16-43

Drs Charlie and Delta¹

Complaint from Mr Echo

Introduction

1. A Complaints Assessment Committee (CAC) of the Veterinary Council of New Zealand (VCNZ) has investigated a complaint about Drs Charlie and Delta. The CAC has concluded that it will be taking no further action in relation to either veterinarian for the reasons set out below.

Summary of complaint

2. Dr Charlie is a veterinarian at Foxtrot Vets and Dr Delta works at the nearby after hours clinic.
3. For a period of 8 days from 10 November 2016, Mr Echo's 13-year-old dog Oscar, was unwell and was seen and treated at several clinics. An ultrasound scan on 16 November identified that he was suffering from pancreatitis. Oscar died at the after hours clinic on 19th November.
4. Mr Echo's complaint related to the care provided by Drs Charlie and Dr Delta over the course of Oscar's illness. He also expressed concern about *'the way the clinics are both run by their owners – with staff being swapped so often there is no continuity of care'*.

Background

5. On Thursday 10 November, Mr Echo took Oscar to the after hours clinic as he had been off his food and had vomited. Oscar was given pain relief, anti-nausea medication and was discharged. However, he was still unwell the next morning so Mr Echo so took him back to the clinic the next day. Oscar spent 11 November at the clinic where he was put on a drip and given pain relief before being discharged.
5. Oscar was still unwell the following day (Saturday 12 November) so Mr Echo took him to his usual vet, Foxtrot Vets, where he was put on a drip and given pain relief. He was discharged at midday.
6. On both Monday 14 and Tuesday 15 November Oscar returned to Foxtrot Vets where he was again put on a drip. On Wednesday 16 November he was referred to another

¹ Names and identifying features have been changed.

clinic for an abdominal ultrasound. Severe pancreatitis was detected and, according to Mr Echo, he was advised to take Oscar to Foxtrot Vets. He was seen at that clinic in the afternoon and transferred to the after hours clinic in the evening.

7. On Thursday 17 November Mr Echo collected Oscar from the after hours clinic in the morning and said that he was advised by staff that he was *'on the right track by having him days at Foxtrot Vets and nights at after hours'*.
8. Oscar spent the day at Foxtrot Vets. Dr Charlie began her shift at 1.30pm that day and was responsible for caring for Oscar from then on. She discharged Oscar to the after hours clinic that evening. When Mr Echo returned to collect Oscar the following morning (Friday 18 November) to take him back to Foxtrot Vets, he was advised that Oscar was doing very well and that he *'should get home for the weekend'*.
9. Dr Charlie looked after Oscar again on 18 November. Mr Echo said that he received a call from Foxtrot Vets *'around lunchtime'* advising him that Oscar was doing very well, eating a little with some help and would be ready to pick up before 6pm.
10. According to Mr Echo, when he arrived at Foxtrot Vets at around 5.30pm, he spent some time discussing Oscar's diet and was advised that the pain relief had been cut back. He claimed that the vet and the vet nurses were *'very upbeat'* about Oscar going home. The nurse then brought Oscar out however when Mr Echo saw him, he considered that he did not look as good as he had in the morning when he was dropped off.
11. Mr Echo wrote that he left to take Oscar home but, by the time he got there, Oscar was *'distressed and his mouth [was] dry and tongue discoloured.'* He chose to take Oscar back to the after hours clinic where the vet nurse examined him and found his heart rate to be *'around 200 BPM'*.
12. Mr Echo wrote that he met with Dr Delta at the after hours clinic and discussed what had taken place with Oscar up until that point. He said that he offered to hold Oscar while she inserted a drip however Dr Delta declined and said she would give him pain relief first and then *'see to him'*. According to Mr Echo this was approximately 8pm.
13. Mr Echo left to go home. He wrote that, as he felt *'apprehensive after meeting the new vet'*, he hurriedly fed his other animals and went back to the clinic at about 10pm. By his account, on his return, he discovered that Oscar was *'out in a pen with no one looking at him'*, having not been attended to. He described Oscar as being *'in a very distressed state and struggling to stand'*.
14. Mr Echo wrote that he called for Dr Delta who told him that she had a lot of *'criticals'* in. He said he told her his dog was critical and to *'see to him'*. According to Mr Echo, Dr Delta then put Oscar on a drip. Around midnight Dr Delta told Mr Echo that Oscar was stable, that he should go home and that she would call him if there was any change.

15. Mr Echo wrote that, during the early hours of Saturday morning (19 November), Dr Delta phoned to advise that Oscar's condition had deteriorated and that she suggested he *'consider putting him down'*. Mr Echo rushed to the clinic and found Oscar *'very distressed, heart rate very high, blood pressure low.'* He told Dr Delta that he didn't want Oscar to be put down and that she should *'try all she could to help him'*. He wrote that Dr Delta said that *'her job was for the welfare of the dog'*. Oscar died at 7.15am that morning.

Issues raised in the complaint

16. Mr Echo summarised his concerns about Dr Charlie as being that she exhibited a *'complete lack of observation'*. His complaint in relation to Dr Delta was that, in his view, she displayed a *'complete disregard for an animal in a distressed state (being locked away with no observation)'*.
17. Mr Echo also raised his concerns about *'the staff rotation at both clinics, resulting in no continuous care'*.

The CAC's investigation

18. The CAC sought responses from both Drs Charlie and Delta, along with the clinical records from both Foxtrot Vets and the after hours clinic.
19. In her response, Dr Charlie wrote that she *'first met Oscar'* when she started her shift on Thursday 17 November at 1.30pm and that she met Mr Echo when she discharged Oscar to the after hours clinic later that night.
20. She noted that:
- Oscar was pyrexia at his 5pm check on 17 November prior to discharge to the after hours clinic and she gave him a Rimadyl injection to assist in bringing his temperature down. At that time, she informed Mr Echo of this and *'he appeared to be happy with my care and questioned why Oscar had not been given Rimadyl previously'*
 - Oscar was readmitted on Friday 18 November (after being treated and monitored overnight at after hours). She spoke with Mr Echo about the plan which was to send Oscar home that night *'if he was ok during the day'*
 - her main concerns at that time were Oscar's low albumin and his reluctance to eat voluntarily, in addition to whether or not his pain could be managed for at least 14 hours overnight from discharge to when the clinic opened again the next day
 - she performed a complete physical examination, an ultrasound to check for peristalsis, and a radiograph of his thorax (she was concerned his increased lung sounds could have been due to pulmonary oedema rather than panting)
 - Oscar was closely monitored and observed throughout the day. He was kept in the treatment room where regular checks were performed. While these were not recorded on his hospital chart or on the computer record, she noted that *'if any concerns had been found during these checks it would have prompted a full clinical examination and follow up and would have been recorded'*

- Oscar's pain relief over the previous 6 days had been temgesic and cerenia. He received his last intravenous temgesic at 5am on 18 November. Dr Charlie *electd to hold off on further Temgesic'* and continued to assess Oscar through the day. She wrote that *'he rested throughout the day and I was ok with discontinuing the Temgesic following the examination at his 6pm check'. I gave him a Cerenia injection at 6pm not only for its anti-emetic property but also to decrease visceral pain'*
 - Oscar removed his intravenous catheter from his left lateral saphenous in the early afternoon. She replaced the catheter into the right lateral saphenous; however whenever he moved his leg the catheter would occlude. She elected to remove the catheter around 4pm and did not replace it as he was sensitive in his other legs and was going home 2 hours later. She wrote that this gave her 2 hours to monitor him without intravenous fluids prior to discharge. At his last check at 6pm, *'his gums were not tacky and his tongue was not brown'*. In her view, the fact that his gums were tacky when he presented at the after hours clinic later that night may have been *'due to panting rather than clinical dehydration'*
 - she was the ninth of 10 vets between four clinics that assessed and treated Oscar over the period of his illness.
21. In her response, Dr Delta wrote that she first saw Oscar at the after hours clinic on the evening of Friday 18 November. The records show that he arrived at 7.40pm and was triaged by a nurse at 8pm. Dr Delta then assessed Oscar and he was admitted. She noted that he had been assessed to be well enough to discharge 2 hours previously from Foxtrot Vets, with a heart rate of 108bpm, respiratory rate of 16 and temperature of 38.9 degrees (all within normal limits).
22. Dr Delta's initial examination revealed a *'guarded abdomen and high heart rate of 200bpm, tacky oral mucous membranes and was otherwise unremarkable.'* She wrote that he was panting which she considered *'was most likely a stress and/or pain response, as his last recorded opiate analgesia was at 5am, and the day vet notes show he had been panting 'the entire time' he was seen there'*.
23. Mr Echo consented to admission for analgesia and then IV fluid therapy to maintain hydration. Oscar was administered analgesia methadone 0.5mg/kg for pain management and sedation to allow minimal stress for the IV placement. Dr Delta wrote that *'placement of IV to re start IVFT was prioritised according to most at need – admissions from 7-10pm included 3 animals as acute admission after being hit by cars, also a seizuring dog, an acute haemothorax requiring transfusion, and a suspected intestinal obstruction, amongst other less urgent cases which were waiting after Oscar'*.
24. Dr Delta acknowledged the initial delay in setting up Oscar's IV fluids; however she wrote that *'the reality is we do have to prioritise patients at a busy emergency clinic, given what we know at the time rather than in hindsight'*.
25. According to Dr Delta, Oscar was *'prioritised appropriately'* based on his initial examination and the level and urgency of care required by other patients. He was put

in the kennels *'as it was quieter for him'* and was checked on regularly. She wrote that he was in clear view of the radiography room which has a large window looking into the kennels.

26. When Mr Echo arrived at 10pm, Oscar was next to be taken for IV placement and to reassess his response to analgesia. Dr Delta wrote that Mr Echo was concerned that Oscar appeared to be alone and more lethargic. She wrote that she reassured Mr Echo about Oscar's supervision and that he was next on the prioritisation list, and that the lethargy was likely due to the methadone administered.
27. Dr Delta wrote that she spoke with Mr Echo about the plan for Oscar. She said he was clear that he wanted them *'to do everything we could for Oscar'* and that she supported that but she explained to him that *'if things are deteriorating after 8 days of treatment for severe pancreatitis in an elderly dog, sadly the prognosis remained guarded.'*
28. Dr Delta repeated her examination and was concerned that Oscar's heart rate showed *'limited improvement (180bpm) with analgesia.'* Bloods were taken, an IV catheter placed and IV fluids started. As the bloods showed marked hypoproteinaemia, he was started on a plasma transfusion.
29. While Oscar was being treated, Mr Echo stayed with him in the treatment room. Dr Delta wrote that this was unusual as it is not normal practice to have owners in that space. She wrote that *'the time Mr Echo spent with Oscar [in the treatment room] was unusual, and reflected our sympathy towards him and respect for his relationship with Oscar'*.
30. As Oscar seemed more settled, Dr Delta said that she suggested that Mr Echo go home and that they would call him immediately about any deterioration (and that he was welcome to call at any time).
31. By Dr Delta's account, around 4am Oscar started to deteriorate further with increasing heart rate, dropping blood pressure, signs *'consistent with tipping into decompensatory shock'*. She called Mr Echo and advised that *'Oscar's prognosis was now grave and [she] was very concerned about the welfare implications of continuing'*. She wrote that she discussed euthanasia with him and that Mr Echo *'came straight in and made it clear he was strongly against considering euthanasia'*.
32. Oscar's condition continued to deteriorate. He was given IV antibiotics, along with Voluven to counter blood pressure drop and a dobutamine constant rate infusion. Dr Delta wrote that she *'also spent time consulting various Veterinary Information Network (VIN.com) and other resources to ensure there was nothing else we could do to treat and help Oscar'*.
33. Dr Delta wrote that Mr Echo stayed with Oscar as he went from being distressed to becoming less responsive and Oscar passed away shortly after 7am on Saturday 19 November 2016.

34. Both responses were shared with Mr Echo and he was invited to comment. He suggested that Dr Charlie's response showed that her care for Oscar was not acceptable and he reiterated his concerns that she did not notice any deterioration in Oscar's condition during the day and that she did not address this deterioration before discharging him.
35. Mr Echo did not accept Dr Delta's explanation about the triage and prioritisation system at the after hours clinic. He maintained that, in his view, if he had not returned to the clinic that night, Oscar would have died in the outer kennels and he said that any shortcomings in the prioritisation system meant that Dr Delta needed to be more diligent when admitting Oscar.

The Code of Professional Conduct for Veterinarians

36. The CAC referred to the requirements of the Code of Professional Conduct for Veterinarians (the Code) and the Competency Standards and Performance Indicators for veterinarians. The sections of the Code and Competency standards which are relevant to this complaint are attached as **Appendix 1**.

CAC considerations

37. In relation to Mr Echo's concerns about Dr Charlie's '*complete lack of observation*', a question as to why Oscar's pain relief was discontinued, and Dr Charlie's apparent failure to pick up his deterioration, the CAC reviewed her clinical notes from 18 November 2016. It considered that Oscar was adequately monitored and assessed throughout the day. The CAC noted that morning and afternoon examinations were performed by Dr Charlie, assessments made, and treatment plans were recorded and executed.
38. The CAC noted that Oscar had been treated for pancreatitis for several days, involving supportive care (fluids), antibiotics, pain relief and anti-nausea medication. It recognises that, at some stage in the treatment of chronic disease, the decision to withdraw medication to assess the need for its re-instigation (or not) is part of accepted ongoing medical management. In accepting this, the CAC is of the opinion that Dr Charlie's decision to withdraw the provision of the analgesic temgesic does not willfully compromise the patients' welfare.
39. Oscar's recorded vital parameters (heart rate, respiration rate, gum colour and refill time as well as body temperature) during the period of his care by Dr Charlie fall within the range of normal values. The CAC is of the opinion that these vital parameters do not indicate that Oscar's condition was worsening during the day, or had deteriorated with the withdrawal of the temgesic.
40. Regarding Mr Echo's allegations of Dr Delta's '*complete disregard for an animal in a distressed state (being locked away with no observation)*', the CAC reviewed the evidence and found that on the night of 18 November 2016, Dr Delta, even under the circumstances of a very busy case load, met her professional obligations in her care for Oscar. The evidence reviewed shows that within 20 minutes of arriving at the clinic, a veterinary nurse had assessed Oscar's vital signs, Dr Delta had reviewed these

findings and assessed him and, by 8:30 that evening, a treatment plan had been discussed with Mr. Echo and put into action.

41. The CAC is of the opinion that the administration of methadone by Dr Delta to provide analgesia and sedation was clinically indicated and provided within an appropriate timeframe. Ideally, the rest of the treatment plan (intravenous fluids) would be provided when the medication had taken effect, but the CAC recognises that in a busy after hours clinic, patients are prioritised on a triage system with those with the most life-threatening conditions treated on the basis of priority.
42. The CAC acknowledges Mr Echo's perception that his pet was not treated to his expectations, but considers that Dr Delta managed Oscar's case appropriately given the triage of cases presented to her on the night in question. On reviewing the evidence, the CAC was satisfied that the provision of pain relief was sufficient during the unavoidable time lag between initial assessment and the next available opportunity that Dr Delta had to re-evaluate Oscar. The CAC was also satisfied that Oscar was visible and readily observed during this period in the kennels and from the radiography room of the clinic, and was not ignored during this timeframe.
43. The material reviewed by the CAC shows that Oscar's condition was adequately assessed by Dr Delta at the first opportunity and the appropriate diagnostics and supportive emergency care needed for Oscar's condition were put into action.
44. The CAC noted Mr Echo' concerns about the structure of the clinics, specifically the rotation of staff which he considered lead to a lack of continuity of care. The management of clinics (which includes staffing and rostering) is not within the jurisdiction of the Veterinary Council. However, the CAC found that all veterinarians involved in Oscar's care completed clinical notes that are of a standard that would allow any subsequent veterinarian to take over the management of the case at any time. The CAC found no breach of the Code in this matter.
45. The medical opinion of the CAC is that the pancreatitis Oscar was suffering was treated appropriately by all veterinarians involved in his care. This disease can be unpredictable and it is very unfortunate that, in Oscar's case, it resulted in a rapid deterioration and death after a period of clinical improvement. This deterioration was not able to be predicted by the observations and care provided by Dr Charlie during the day of 18 November. The CAC is also of the opinion that the unavoidable time frame between Oscar's triage by Dr Delta at the after hours clinic and the next opportunity for reassessment, although understandably less than ideal from Mr Echo's point of view, did not contribute to, or precipitate, the resulting presumed catastrophic complication of the pancreatitis.
46. The CAC did not find any concerns about either veterinarian's competence or health that warrant referral to the Council.

Decision

47. Based on the considerations set out above, the CAC considers that this case can be closed and no further action² needs to be taken against either veterinarian.



6 June 2017

Dr Phillip Watson
Chair
Complaints Assessment Committee

Date

² Under s43(1)(f) of the Act.

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

Animal Welfare

Veterinarians have a special duty to protect animal welfare and alleviate animal suffering.

Understanding the Guiding Principle

- a. Veterinarians are expected to use their training and knowledge for the benefit of society. Animal welfare is more than protecting animals from cruelty. It also relates to promoting their health and wellbeing. Because of their training veterinarians have expert knowledge on how to assess animal health and welfare, and how to optimise the care and management of animals. It follows that veterinarians have an overriding professional duty to protect animals from unreasonable or unnecessary pain or distress.
1. Veterinarians must be familiar with and comply with the Animal Welfare Act 1999 and the relevant Codes of Welfare. In the course of their work, veterinarians must consider and take all reasonable steps to protect the needs of animals in relation to the five basic requirements of:
 - a. Proper and sufficient food and water;
 - b. Adequate shelter;
 - c. The opportunity to display normal patterns of behaviour;
 - d. Appropriate physical handling; and
 - e. Protection from, and rapid diagnosis of, injury and disease.

This obligation is qualified however, as the needs in each individual case are assessed according to what is appropriate to the species, environment and circumstances of the affected animal(s).

Understanding Section 1

- a. The Animal Welfare Act 1999 establishes the legal framework of obligations and responsibilities applying to people who are in charge of animals. These requirements equally apply to veterinarians when they assume responsibility for the care of animals whether in a professional or personal capacity.
- b. The Animal Welfare Act 1999 also places specific responsibilities on veterinarians. Veterinarians are expected to have a working knowledge and understanding of how to apply those expectations in the course of their work. Relevant provisions of the Animal Welfare Act 1999 include:
 - i. The destruction of sick and injured animals.
 - ii. Responsibilities associated with restricted, controlled and significant surgical procedures.
 - iii. Roles of veterinarians on Animal Ethics Committees
- c. Codes of Welfare developed by the National Animal Welfare Advisory Council (NAWAC) specify minimum standards and recommendations for best practice. Veterinarians are expected to be familiar with and comply with the published standards relevant to their area of practice.
- d. The five animal welfare freedoms were developed in 1965 by the Farm Animal Welfare Council in the United Kingdom and are now recognised internationally as identifying the critical needs of all animals (and what might be interpreted as the legal minimum requirements). They provide a framework for assessing the welfare of animals in varying situations.
- e. Section 4 of the Animal Welfare Act 1999 identifies those critical requirements as the basis for defining the physical health and behavioural needs of animals. The Animal

Welfare Act 1999 then uses that definition in section 10 to establish the obligation of owners and persons in charge of animals to meet those needs in accordance with good practice and scientific knowledge.

- f. When reviewing the physical, health and behavioural needs of an animal, each of the five basic requirements should be considered taking into account what is appropriate for the species, environment and circumstances of the particular animal. It may not be appropriate to consider that the same solutions and standards necessarily apply to all species in all situations.

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.
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9. Veterinarians must make provision for the care of animals currently receiving in-patient treatment. This must be at a level appropriate to the clinical problem being managed and must be communicated to the client.

Understanding Section 9

- a. In-patients are those animals remaining in the veterinary clinic for the purposes of treatment.
- b. Veterinarians have an ongoing ethical responsibility to their patients receiving in-patient care. This responsibility extends outside normal business hours.
- c. As well as ethical responsibilities, veterinarians have legal obligations as the person in charge (as defined in the [Animal Welfare Act 1999](#)) of their inpatients. More specifically sections 10 and 11 of the Animal Welfare Act 1999 set out those requirements.
- d. Veterinarians must make proper provision to manage their in-patients appropriately for the clinical condition being treated.
- e. The owners of in-patients must be informed of the level of supervision and clinical management the in-patients will be receiving out of normal business hours.

Appendix 2: Competency Standards and Performance Indicators for Veterinarians

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

3. Analyse information to enable accurate diagnosis and develop appropriate treatment strategies

Assess the history, physical and clinical examination outcomes and diagnostic tests.

Evaluate the effect of the environment in which the animals are kept, if indicated

Identify problems and their causes.

Develop a diagnosis or diagnostic hypothesis

Identify contra-indications and consequences of intervention

Develop appropriate evidence based strategies for dealing effectively with commonly diagnosed conditions and diseases.

Fully inform the client of treatment options, likely outcomes, risks and costs and obtain their informed consent to proceed with treatment or undertake post mortems

Recognise personal limitations in dealing with unfamiliar, complicated or technically difficult cases and seek further advice and assistance, or refer such cases to others

Indicators:

Demonstrates and records:

- adequate analysis of information collected
- accurate diagnosis
- adequate, evidence based treatment strategies, including the appropriate use of veterinary medicines
- client's informed consent
- advice sought from other veterinarians, where appropriate

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