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**MEDICAL PROTOCOLS**

**GENERAL GUIDELINES**

**Best practices**

* Offer best medicine 1st and adjust plan per owner needs/requests thereafter
* Recommend FDA approved products 1st
* Utilize progress exams to confirm that pet is back to normal (Guideline is that 1/3 to ½ of your appointments should be progress exams)
* Especially important for ears and skin
* Within 2 months of starting NSAID
* Record client conversation summaries in medical record
* Utilize diagnoses tab for all chronic conditions
* Return client inquiries (when you are in the hospital) on the same day they were left (or otherwise notify client of Delay via another ITAH team member) - see separate document for further details on communication standards and preferences
* Use ‘DONE’ code to notate next visit for every appointment and surgery
* Delay vaccination in animals with systemic illness, fever, or multifocal inflammation (including severe skin disease)
* Refer when appropriate, always prioritizing what is best for the pet

**Presenting Complaints**

1. Urinary problem – obtain urine sample prior to exam
2. Urinary tract infection – repeat UA at conclusion of antibiotic (or up to 1 week later)
3. Diarrhea / stool issue – obtain a stool sample / inform owner to bring in stool sample
4. Ear issue – obtain an ear cytology, plan two week recheck
5. Skin issue – obtain or STRONGLY ENCOURAGE cytology; 2-4 week recheck
6. Any of these ailments, including vomiting, lethargy, general malaise – temperature of the patient

**Prescriptions**

* Offer what is best for patient care first (and adjust thereafter for financial or owner requested reasons if needed)
* Exam required within 1 year for continued prescriptions
	+ Short Rx of up to 1 week until can get exam

**SURGERY / DENTISTRY / ANESTHESIA**

**Surgery (general)**

* Preoxygenation for brachycephalics as well as delayed extubation
* 2 people per anesthetized pet
* Cath/fluids preferred for all procedures. Required for dogs 7+ and cats 10+, any with a chronic medical condition that increases anesthetic risk and any procedure expected to be over 1 hour
* Propofol is our preferred anesthetic induction agent
* Cerenia – give IV wherever possible

**Spay/neuter**

* Dogs: Dr should have individual discussion with client regarding pros/cons and age options (generally wait until 1 year in large or giant breeds if the situation allows). This is a complicated topic that requires careful approach and documentation! Avoid <5-6 months of age except rare circumstances

**Dentistry**

* Prevention recommended for all animals – brushing (with CET paste) and daily dental treat (VOHC products preferred). Video available
* Professional dental cleaning recommended just prior to or once gingivitis appears (Grade 1) or calculus is covering gum attachment and gum line cannot be evaluated.
* Cats with demonstrated tooth resorption should have dentistry with X-rays no less than once per year
* Dental cleaning scheduling time:
	+ < 6 months since last exam – go ahead and schedule
	+ 6-12 months since last exam – schedule, but alert Dr
	+ > 12 months since last exam – schedule EXAM for patient review)
* Progress exam in 2 weeks is standard (please specify if this should be with Dr or tech in your End of Visit [Done] Code) – review healing, review home dental care
* Terminology standards:
	+ Calculus – mild, moderate, severe (notate focal regions where appropriate)
	+ Grading used is periodontal scale (based on worse visible tooth):
	+ Grade 1: gingivitis
	+ Grade 2: up to 25% bone loss (typically noted as swollen gums)
	+ Grade 3: 25-50% bone loss (typically noted as gum erosion and exposed root)
	+ Grade 4: 50% or more bone loss (typically noted as mobile tooth or extensive root exposure)
* Dentistry recommended when: calculus is severe in multiple areas OR Grade 1 dental disease (though annual cleanings are not discouraged if client and Dr prefer to approach it based on timeline rather than visible changes, recognizing the limitations of non-sedated oral exam)
* Extraction is recommended when:
	+ periapical abscess
	+ over 50% bone loss or a root that can’t be cleaned
	+ pulp exposure
	+ mobile teeth
	+ resorption lesion (that hasn’t resorbed through the ligament)
	+ tooth fracture involving pulp chamber

**HEARTWORMS – TREATMENT, TESTING AND PREVENTION**

**Heartworm prevention - canine**

-  Recommend Interceptor Plus first – every 30 days all year. Transition those with current heartworm tests onto Interceptor Plus. Those that have missed, should be encouraged to use ProHeart6

- Testing - annually for all dogs. Families that decline testing can only purchase Heartgard Plus (exception is IF there has been consistent purchase history they can continue with the product they are on, but only for a period of 2 years; after 2 years, they MUST TEST TO CONTINUE TO RECEIVE PRESCRIPTIONS)

1. Annual heartworm test.
	1. Exception: If there is consistent purchase history for up to 2 years, can continue prevention. Sign waiver and attach to record if heartworm test is out of date and note that it will be required next year
	2. If there is not consistent purchase history within those years, need MF/HW test then restart (Interceptor Plus or ProHeart)
2. Our “default” product recommended for all dogs is Interceptor Plus – further discussion with DVM-owner if owner declines this product or requests another product
3. Start puppies as soon as the product allows
4. Juvenile patients (i.e., shelter / adoption / surrender < 6 months) – should be started on prevention and HW antigen testing performed at 1 year (or next annual visit – this is usually around 12-16 months)
5. Juvenile patients > 6 mo <1 year – microfilaria testing / antigen testing – then started on HW prevention. Recheck antigen test at next wellness (or 6 months). My assumption with this category is these patients will either be getting a 1 year Rabies at this visit or require a booster around the time we should be rechecking the antigen test
6. No history – antigen AND microfilaria testing – then start on HW prevention – recheck antigen testing in 6 months
7. CHANGE IN 2 MONTH RULE:
	* 1. Missed LESS than 2 months – restart prevention. Set appointment for heartworm test in 6 months (or follow-up call if appt not scheduled)
		2. Missed MORE than 2 months and less than 6 months? Microfilariae test. Set appointment for heartworm test in 6 months (or follow-up call if appt not scheduled)
		3. Positive microfilaria – Set Dr visit to discuss intricacies of risk for this dog and others in the environment and a plan for restarting treatment
			1. If Ag test is negative, consider Ag/Ab heartworm test at lab
			2. If restart product is Heartgard Plus or Interceptor Plus, pet will need to be hospitalized/monitored for restart
			3. If restart is ProHeart6, pet does not require hospitalization
		4. Negative microfilaria – Restart product (preferably ProHeart6)
	1. Missed more than 6 months (but still current on exam) – MF and HW test.
		1. Positive microfilaria – Set Dr visit to discuss intricacies of risk for this dog and others in the environment and a plan for restarting treatment (will need to be hospitalized/monitored for restart)
		2. Negative microfilaria – Restart product (preferably ProHeart6)
8. WHEN ANNUAL EXAM IS UPCOMING:
	1. If due within 2-6 months, fill no more than 6 months of prevention
	2. If due within a month
		1. Oral product – fill 1 month and schedule exam and test
		2. ProHeart – schedule exam and test (reachback of 30 days)
	3. Auto mailings – cannot send more than 1 month past due date. Will make every effort to get in touch with client and schedule exam and ongoing prevention
9. A NOTE ON HEAT – FIXED HEARTWORM TESTING (Ag/Ab Complex Heartworm test) - this will be for one of three cases:
	1. clinical likelihood of heartworm disease, but negative test
	2. Knotts positive, but Antigen negative
	3. Slow kill method dogs that have reverted to negative (but may be false negatives)

**Heartworm prevention - feline**

- Revolution every 30 days year-round \*\*must have had an exam within a year\*\*

- Offer 1 year purchase 1st​

**Heartworm treatment**

Follow current AHS guidelines (typically posted in Drs office)

Once starting Immiticide -

1st treatment - Day only.   (with drop-off before 8:30 and pick-up like regular)

-          Between 5 and 5:30pm on Tuesday, Wednesday and Friday (we close at 6pm)

-          Between 5 and 6:30pm on Monday and Thursday (we close at 7pm)

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2nd treatment - 1 night.   Arrive by 8:30am 1st day, home in the afternoon of the next day  \*\*this would certainly cut down on scheduling difficulties\*\*​

-          Between 5 and 5:30pm on Tuesday, Wednesday and Friday (we close at 6pm)

-          Between 5 and 6:30pm on Monday and Thursday (we close at 7pm)

**SPECIFIC CATEGORIES OR DISEASES**

**Behavior**

* Fear Free first including low stress handling at all times
	+ 3 strike rule for dogs, 2 strike rule for cats - if a procedure is attempted for a pet and those triggers of fear / stress / anxiety are witnessed, we stop completely after reaching the strike rule. Please contact veterinarian of clients’ choice to discuss plan at this point.
	+ sedation is next best recommendation
* AVOID AT ALL TIMES – head tapping, power through, aggressive restraint
* Pre-Veterinary Pharmaceuticals made available (and this is the standard term used)
	+ Standard of administration is night prior to visit, two hours prior to visit (regardless of chosen PVP)
	+ Acepromazine avoided as stand-alone PVP
* Educate client on best behavior practices; encourage owner participation in appointment, but not owner restraint
* While muzzles may need to be used for safety, we will avoid aggressive restraint that would increase patient fear in favor of sedation or other approaches
* Managing behavior and anxiety in the lobby:
	+ cats not in carriers need to go straight to the room
	+ patients exhibiting stress in the lobby to straight to exam room
	+ Use “Behavior Notes” to inform future DVMs or tech about patient – likes, dislikes, success with PVP, unsuccessful attempts with PVP, or any other idiosyncrasies (i.e., prefers women)

**Bloodwork**

* Every pet, every year.  Complete is standard in dogs 7 and older and cats 10 and older
* Senior pets – more frequent, see below
* Commonly recommend twice annually once problems arise or at Dr. discretion
* Thyroid testing – recommended annually (but won’t deny prescriptions if declined)
* Phenobarbital testing – recommended annually (but won’t deny prescriptions if declined)
* NSAID testing –
	+ starting NSAID that isn’t Galliprant– NSAID panel (or more) within 2months of starting medicine \*\*move to Galliprant in cases of non-compliance\*\*
	+ starting Galliprant – bloodwork not required (but age recommendations remain) change to Galliprant if declining initial labwork
	+ continuing NSAID that isn’t Galliprant – NSAID panel (or more) no less than every 12 months (every 6 months is preferred) – won’t deny prescriptions if declined unless Dr decides otherwise for specific case
	+ continuing Galliprant – bloodwork not required (but age recommendations remain)
* Preanesthetic testing preferred for all, required for dogs 7 and over and cats 10 and older (within 2 months is preference, Dr discretion) ( wound prefer “very strongly recommended” here only to leave room for the very rare exceptions )
* Owner notified of bloodwork results within 14 days of their return and record of interpretation and communication made in medical record

**Demodex**

* ‘laner’ treatment
* Skin scrape monthly, noting mites dead or alive until negative test or full clinical resolution

**Ears**

* Cytology before the start of treatment
* Progress exams until cytology confirms no organisms present
* Set plan for maintenance care at final visit

**Food**

* Large breed puppy for puppies expected to be 50lb or more
* When recommending a diet trial for any condition, make owner aware of prescription options
* Science Diet and Royal Canin are standard recommendations. Up to 10% of calories of fresh fruits and veggies not discouraged
* General feeding guideline is ½ to 2/3 of volume recommendation on bag
* Weight loss without changing diet – decrease by 1/3 to ½ and/or replace the missing amount replaced by high fiber canned pumpkin or sweet potato

**Glucose curves**

* Weekly until regulation (home or hospital), then twice annually and after any changes in health condition
* Hospital notes -
	+ Feed at home and give your insulin at your normal time.
	+ Drop-off within an hour of your insulin administration (where possible - we open at 7:30am). Plan on spending up to 15 minutes to meet with a member our technician staff.  We want to get some history from you about how things are going at home (water intake, food interest, attitude, activity) before bringing Chase into the hospital.
	+ The glucose curve will take place over the course of the day.  Please plan to pick up in the last 30 minutes of our business day unless you are advised otherwise.  Your veterinarian will leave you notes about recommendations based on the results of the testing and set a plan for next step testing.

**Hospitalization**

* Dr. AM Exam complete by 9am. Update client by 10am. If Dr is out, case transferred to another Dr for care
* One team member (tech / tech assistant) in charge of patient each day – transfer to another team member if they will be out the next day. This is priority #1 for that tech in the morning (ahead of walking boarders)
* ICU sheets prepped daily and charges go in by the day (put in by techs, checked by Dr)
* Deposits:
	+ Take minimum of ½ expected charges as a deposit for hospitalization for current clients and offer to keep credit card on file (a recommendation, not requirement)
	+ Take minimum of ¾ expected charges as a deposit for hospitalization for new clients or those that haven’t been in within 2 years and offer to keep credit card on file (a recommendation, not requirement)

**LASER therapy**

* Include LASER therapy in recommendations for chronic inflammatory conditions, especially arthritis
* Consider including LASER therapy in recommendations for acute inflammatory conditions, especially wound management
* Standard induction month for chronic inflammation is 6 treatments in a month, then no less than 1 per month thereafter

**Parasites - Gastrointestinal**

1. Drontal (pyrantel) at initial visit
2. 2 Negative fecal tests for puppies and kittens (typically test at 1st visit and last. If decline, then deworm once with Drontal, once with pyrantel)
3. Tapeworms – one time treatment of Drontal, Profender
4. Positive tests (all patients) –
	1. hookworms 2 treatments, three weeks apart – stool recheck 1 month after last deworm
	2. roundworms 2 treatments, three weeks apart – stool recheck 1 month after last deworm
	3. whipworms – 2 treatments – initial, repeat in 3 weeks, then test in 3 months – get that patient on Interceptor Plus
	4. Coccidia– Albon – per instructions

**Renal disease**

* Start intervention early: CKD starts in cats at Cr of 1.6 ( IRIS stage 2 ) and dogs at Cr of 1.4
* Once early intervention begins, include blood pressure measurements in monitoring
* Begin SQ fluids when creatinine is 4.0 or more or if dehydration or decreased appetite occurs
* Standard interventions include:
	+ Calcitriol (typically at onset of IRIS stage 2)
	+ Dietary changes (high-protein included, except in calcium oxalate formers) – earlier is better
	+ Benazepril (typically when Creat out of reference range)
	+ Amlodipine
	+ Mirtazapine
	+ Potassium supplementation
	+ Aluminum hydroxide

**Senior care**

* Blood pressure preferred annually for cats 10-14.  Blood pressure is the standard annually for cats 15+ (AAHA)
* Twice yearly examinations (with bloodwork preferred) no later than 10 and older (dogs) and 13 and older (cats) – or as notated by veterinarian \*\*diagnosis code – senior pet - biannual exam recommendation started\*\*