

# All Things Triage



# Basic Triage How-To

1. Take triage clipboard from the “in waiting room” clipboard organizer (on room 1 door) when CST places it there.
  - a. Take clipboard in timely fashion. If multiple clipboards up, see why they are here and triage them based on what sounds most critical.
  - b. Take your time, within reason, with each triage. Don't rush, be thorough and calm through the process with each patient. **YOU HAVE TIME.**
    - i. Don't worry about what's going on outside of the triage that you are doing. There will always be someone else there to handle it. We are a team!
  - c. It is important that if a CST says that something critical is here or you notice the presenting complaint is potentially something critical, that you tend to the patient quickly. **Sense of urgency is important!**
2. Know the presenting complaint of the patient, species, breed of the patient and any special notes before triaging so you can be prepared.
3. Bring owner and patient into exam room to obtain brief history and vitals. Assess the patient immediately with your eyes while they are coming into the room!
  - a. Make sure to not force a pet to do anything, TAKE YOUR TIME with each animal to ensure best experience for the pet.
  - b. **We are not doctors! We do not diagnose! Do not tell the owner what you think is wrong!**
4. Make sure that you complete the entire triage in the room.
5. Tell the owner to give their intake forms to the front desk once complete.
6. If the pet is stable, you can ask the owners to leave while they wait. If the pet is critical then ask the owners to stay until a DVM can talk to them.
7. Take pet into the back and put in kennel.
  - a. Put appropriate cage signage on
8. **REMEMBER TO ALWAYS BE CALM BUT PROFESSIONAL AND DIRECT**
  - a. **Making sure an owner feels the urgency that you have for the pet but delivered in a calm and professional way is important**
  - b. **You want the owner to feel secure in the care we are giving their pet and comfort that we are doing everything we can**

# Client Data Sheet

Please fill out the clipboard in its entirety.

## Consent/ Resuscitation

1. Circle which consent and resuscitation option the owners have selected on their intake forms

## Vitals

1. Time of triage
2. Weight & Vitals
3. Caution or no
4. Painful or no
5. Cage number
6. Initials

## Weight Check Point

1. Check off each box as you change the weight
2. This will lessen the chances for mistakes
3. **Weights are the most important thing to change because it affects patient dosing in the hospital. If a weight is not accurate, then it could lead to an overdose or underdose of a drug.**

## In the triage notes section please include:

1. Brief history that the owner may have given, any pertinent information
2. Medications the patient was given or is currently taking
3. If they came with any fluids or medications from another vet and where they are located.
  - a. Look through the medications to see if anything needs to be refrigerated, and put them into the lab refrigerator.
4. If anything during triage was done. Ex: meds given, inducing vomiting, BG, BP, ECG, SPO2..anything that was done, put it here (AND IN SMARTFLOW)

**This sheet is an official medical document, treat it as such!**



Anne Arundel Veterinary Emergency Clinic  
808 Bestgate Road | Annapolis, MD 21401  
24-Hour Main Line: (410) 224-0331 | Fax: (410) 573-9364  
www.aavec.com

## EMERGENCY TRIAGE DATA SHEET

**Patient:** Rover AAVEC Testtt

**Consult File #** 1273900

01:49PM, 08/18/2022

**Client Name:** AAVEC Testtt, AAVEC Test

**Phone:** : 410-224-0121

**Address:** 808 Bestgate Road Annapolis, Maryland 21401

**Patient Name:** Rover

**Species:** Canine

**Breed:** Dachshund (Smooth Haired) **Age:** 6 y 3 m 9 d **Sex:** M

**Primary Veterinarian:** No RDVM per Owner

**REASON FOR VISIT:** #INPUT#

| DO WE HAVE CONSENT?: YES / STAT / NO                 |  | RESUSCITATION: CPR / DNR        |                                    |            |
|------------------------------------------------------|--|---------------------------------|------------------------------------|------------|
| <b>CLIENT SERVICE TEAM</b>                           |  | <b>TIME OF TRIAGE:</b>          |                                    |            |
| <b>Are You Bringing Records?</b> #INPUT#             |  | <b>Weight (kg):</b>             | <b>TEMP:</b>                       |            |
| <b>Rabies &amp; Vaccinations Up to Date?</b> #INPUT# |  | <b>HR:</b>                      | <b>RR:</b>                         | <b>RE:</b> |
| <b>COVID + or Symptomatic?</b> #INPUT#               |  | <b>Respiratory Description:</b> |                                    |            |
| <b>Previous Patient?</b> #INPUT#                     |  | <b>CRT:</b>                     | <b>MM:</b>                         |            |
| <b>Visited RDVM in the Last Week?</b> #INPUT#        |  | <b>Fractious?</b>               |                                    |            |
| <b>Seen a Specialist at CVRC?</b> #INPUT#            |  | <b>Painful? If yes, where?</b>  |                                    |            |
| <b>CST Initials:</b> #INPUT#                         |  | <b>Cage Number:</b>             | <b>Triage Technician Initials:</b> |            |

Client Called for History at: \_\_\_\_\_

### WEIGHT CHECK POINT

SMARTFLOW TX SHEET  SMARTFLOW EDIT PATIENT  EZYVET  CAGE CARD

**TRIAGE NOTES:**

**DVM NOTES:**

# Smartflow Basics

## Things to add into Edit Patient:

1. **Critical Note:** note if owner has left or if they are in the lobby
2. **Custom:** Time patient is triaged
  - a. Before 10am: add a 0 before the time. Ex: 07:24am
3. **Problem:** List the presenting issues
4. **Cage number:** Put the cage number of the cage that you put the patient in
5. **Take the photo of the animal**
6. **Choose triage color**
7. **WEIGHT:** MAKE SURE THE WEIGHT IS UPDATED
  - a. **Weights are the most important thing to make sure gets updated.** Drug doses are calculated off of these and if they are wrong, fatal mistakes can come from it.

## Workflow Boxes:

1. **Rabies UTD:** check box if rabies is up to date
2. **Triage complete:** check box once all points of triage have been completed

## Aggressive Animals:

1. Turn the caution “on” in the edit patient section

## CPR Status:

1. Change status to DNR if owner selects that option on triage paperwork

**DELETE** [CLIENT INFO](#)

### Edit patient

| General Info                               | Patient Info                       | Client Info                                       | Problem list                                         |
|--------------------------------------------|------------------------------------|---------------------------------------------------|------------------------------------------------------|
| Doctor on Duty:<br>* (AAVEEC - 402) ▼      | Name:<br>Rover                     | First Name: Last Name:<br>AAVEEC Test AAVEEC Test | Problem:<br>[x] vomiting                             |
| Treatments Begin at:<br>18-08-2022 2:08 pm | Sex:<br>M F MN FS                  | Tel.:<br>Enter a phone number                     | Template<br>Treatment Template:<br>CHANGE TEMPLATE ▼ |
| Number of Flowsheets:<br>2                 | Species:<br>Canine * ▼             | Alt. Tel.:<br>410-224-0121                        | Whiteboard<br>* Whiteboard:<br>[x] ER Triage         |
| Deposit (\$):<br>0                         | Breed:<br>Dachshund (Smooth... * ▼ | Street 1:<br>Enter address                        | Critical Note<br>Critical Note:<br>O LEFT            |
| Patient File Number:<br>1273900            | Weight (kg):<br>4.5                | Street 2:<br>Enter address                        |                                                      |
| Custom:<br>2:15pm                          | Birth Date   Age<br>09-05-2016 📅   | City:<br>Enter city ▼                             |                                                      |
| Resuscitate:<br>BLS DNR ALS                | Color:<br>Black & brown * ▼        | State: Zip:<br>State ▼ Zipcode ▼                  |                                                      |
| Caution:<br>ON OFF                         | Cage Number:<br>Enter cage number  | Email:<br>Enter a client email                    |                                                      |
| [Color selection palette]                  |                                    |                                                   |                                                      |
| <b>Cancel</b>                              |                                    |                                                   | <b>Done</b>                                          |

# Treatment Sheet:

1. Delete first column of food, water, walk
2. Workflow
  - a. Select Rabies UTD if they are UTD
    - i. If not, do not select it
  - b. Select Triage Complete when completed
  - c. Select which type of consent the owner chooses
    - i. No Consent (Option 1)
    - ii. Stat Consent (Option 2)
    - iii. Yes Consent (Option 3)

## Other Info:

1. Suture and drain removals
  - a. Only need to get a weight and temperature as long as the owner has no concerns and the pet's incision and demeanor is normal
2. Euthanasia
  - a. Only need to get a weight

| WORKFLOW                               |                                            |                                              |
|----------------------------------------|--------------------------------------------|----------------------------------------------|
| YES Consent                            | STAT Consent Only                          | NO Consent                                   |
| 8m 33s <input type="radio"/>           | <input type="radio"/>                      | <input type="radio"/>                        |
| Rabies UTD? <input type="radio"/>      | Triage Complete <input type="radio"/>      | Initial DX/TX Ready <input type="radio"/>    |
| Patient Admitted <input type="radio"/> | Outpatient Orders In <input type="radio"/> | Outpatient Tx Complete <input type="radio"/> |

Sun, 19-Jun-2022  
(Day 2 of 2)

| GENERAL INFO                                                                                                        | PATIENT                                                                              | CLIENT                                      | PROBLEM LIST |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------|--------------|
| DVM: * (AAVEC - 402)<br>Deposit: 0<br>Template: 1 Canine Template<br>Patient File Number: 1257...<br>Custom: 309951 | Rover<br>Canine - Dachshund - M<br>Age: 6Y<br>Color: Black & brown<br>Weight: 5.1 kg | AAVEC Testtt AAVEC Test<br>Tel:410-224-0121 | Unknown      |

| 6:55:22 AM              | 8 AM | 9 AM | 10 AM | 11 AM | 12 PM | 1 PM | 2 PM | 3 PM | 4 PM | 5 PM | 6 PM | 7 PM | 8 PM | 9 PM | 10 PM | 11 PM | 12 AM | 1 AM | 2 AM | 3 AM | 4 AM | 5 AM | 6 AM | 7 AM |  |
|-------------------------|------|------|-------|-------|-------|------|------|------|------|------|------|------|------|------|-------|-------|-------|------|------|------|------|------|------|------|--|
| MONITORING + TEST       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Treatments In Progress  |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Weight                  |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Attitude                |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Temperature             |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Pulse                   |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| RR                      |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Respiratory Effort      |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Respiratory Description |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| CRT                     |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| MM                      |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Staff Initials          |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Visual Check            |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Dr. Exam                |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| ::: ADVANCED VITALS ::: |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| B.P.                    |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| BP CUFF SIZE            |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| BP LOCATION             |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| SpO2                    |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| O2 Therapy              |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Assess O2 Needs         |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Seizure Watch           |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| \$ BP Monitoring 12hr   |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| ACTIVITY +              |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Offer Food              |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Food Type               |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Food Amount Offered     |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Appetite                |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Water                   |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| NPO                     |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Walk                    |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Urination               |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Defecation              |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Vomiting                |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Diarrhea                |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| ::: FLUID THERAPY ::::: |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| \$ IV Catheter          |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| Flush IVC               |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |
| \$ IVF Set Up           |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |      |      |      |      |      |      |      |  |

# Triage Client Forms

## 1. Consent Authorization

- a. Make sure only 1 option is checked off.
- b. Circle the option they have chosen on the client data sheet.
- c. Select the option they have chosen on the workflow in smartflow.
- d. Clients must leave a deposit for Stat consent (\$600) and Full consent (\$1000).

## 2. Hospital Policies

## 3. CPR/DNR Authorization

- a. Make sure this is filled out correctly when collecting the papers.
- b. Change resuscitation status in smartflow if DNR is chosen.
- c. Circle CPR or DNR on client data sheet depending on which one owner chooses.

## 4. History Forms

- a. The owner should fill this out to the best of their ability. If they can't answer something, that is fine.

**If an owner refuses to fill out the triage forms- tell the owner that by refusing we will assume we have no consent, nothing will be done before receiving a phone call from the vet after the exam. CPR is assumed and a given unless said otherwise.**

FORMS MUST BE FILLED OUT EACH TIME REGARDLESS ON WHEN THE PET WAS HERE LAST

# Wait Times

**NEVER EVER EVER** tell an owner a specific time!!! Never quote anything less than 3-5 hours. Explain that the wait is potentially (insert wait time here) and what that means is that it could potentially be shorter than that but it also could meet or exceed the wait time.

Always prepare the owner that they could be waiting the full time if we get a surge of emergencies.

Things can change in ER within minutes. Set realistic expectations!

Please assure the owners that their pets will be receiving basic care from the nurses during their wait time that includes, vitals, walks, food/water (if able) and monitoring. They will not be ignored or forgotten about!

# Triage Colors

- **Stable**

- Patients that can wait for a long time without needing immediate attention
  - Ex: ear infections, vomiting/diarrhea (if patient is BAR and minimally dehydrated, day 1 v/d), limping, etc...

- **Stable but needs attention**

- Patients that are overall stable but need attention before the green triages
  - vomiting/diarrhea for several days, bloody diarrhea/vomit, vestibular signs, lacerations/fractures, back/neck dogs, referrals, seizures, post ops, painful, etc..

- **Needs Attention**

- Patients that have abnormal vitals (not necessarily stable) and need attention sooner (within the hour) but are not actively dying.
  - If you think to yourself that you would want to notify a DVM about this, then it is purple

- **Critical**

- Needs DVM attention immediately
  - Ex: Codes, GDV, Hemoabdomen, Pericardial Effusion, dyspnea, etc...

- **Needs pain meds**

- Used in conjunction with any other color to indicate that a patient needs pain meds
- This color does not go in smartflow, it is just an indicator on a clipboard for the DVMs
- A patient will have light pink around them if they are being discharged as well.

- **Euthanasia**

- **Suture/drain removal**



# Samples Owners Bring

- **Fecal, Urine, Blood**

- Place samples in appropriate containers with a cage card sticker so they are labeled for the patient.
- Put the date on the label of which the sample was taken
- If urine- indicate how it was collected (if known)
- All of these samples need to go into the refrigerator in the lab

You do not need to keep vomit samples, unless the patient vomited up something that the DVM should see. You can also take a photo of it with the I pads.

You can have the owners email any photos or videos to [records@aavec.com](mailto:records@aavec.com). Notify the CSTs so they can attach it to the patient's record in ezyvet.

# Owner Belongings

- We typically do not allow owners to give us blankets or articles of clothing to keep with their pet during their stay.
- Please try to not let the owner have any belongings stay with their pet.
- When triaging, put one of AAVEC's leashes on the patient and have the owner remove their leash and/or harness if not medically necessary.
- Cat carriers:
  - Bring the carriers back to the owners after you get their pet settled
- Medications:
  - We do not take in any meds that we carry in hospital
  - Please only intake seizure medication, heart meds, insulin, compounded medication and any medication that we do not carry in hospital.
    - We do not charge for oral medications in hospital, it is factored into hospitalization charge.
- Please fill out the laminated neon green cage cards with what belonging the owner has here (medication, food, item, toy...) and the location so we can easily locate it.
  - Place card on cage of patient- this will allow everyone to know that they have a personal belonging in hospital



# Smartflow Treatment Sheet

## If a patient presents with:

1. **Dyspnea**, and is placed in an oxygen chamber
  - a. Add respiratory checks and oxygen therapy q1hr
2. **Vomiting, Diarrhea**
  - a. Add vomiting and/or diarrhea checks q1hr
3. **Elevated or low HR or temperature**
  - a. Put temp or HR check for next hour so it can be rechecked
4. **Urinary Issues**
  - a. Add urine checks q1hr
  - b. Put plastic litter box (if cat) in cage WITH NOSORB LITTER
5. **Seizures**
  - a. Add seizure watch q1hr
    - i. Add seizure sticker to cage card and put seizure bells on patient

## Other checks to add:

1. Visual checks q1hr
  - a. Add when patient is not in main treatment area or in direct line of sight
    - i. Ex: back runs, runs 1-6, cages 35 and up, cat ward, isolation
  - b. Add a note to the visual check (or any check) if you want the tech/dvm/assistant to be aware of something specific to be looking for.
    - i. Ex: Epistaxis, bleeding wounds/incision

**Add whatever checks you feel are necessary so the patient is cared for properly**

## MEDICATIONS:

When a pet comes in with medications and the owner says their medications will be due soon or during the time that they will be here you will need to add them to the treatment sheet as an **ASK** at the time they are due. (will demo this now). **CONFIRM ALL MEDS AND DOSES WITH OWNER!**

**DO NOT** give any medications to a patient without a DVM's okay.

Triage Techs are not to give any medication or complete any treatment without shift lead supervision.

Sun, 03-Apr-2022

(Day 1 of 2)



| GENERAL INFO                                                                                                       | PATIENT                              | CLIENT                                    | PROBLEM LIST |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------|
| DVM: * (AV/EC -402)<br>Deposit: 0<br>Template: 1 Canine Template<br>Patient File Number: 1258...<br>Custom: 3:00pm | Test (11)<br>Canine - Great Pyr - FS | AV/EC Test AV/EC Test<br>Tel:410-224-0121 | vomiting     |
|                                                                                                                    |                                      |                                           |              |
| 7:18:20 PM                                                                                                         |                                      |                                           |              |
| MONITORING                                                                                                         |                                      |                                           |              |
| Treatments in Progress                                                                                             |                                      |                                           |              |
| Consent                                                                                                            |                                      |                                           |              |
| Weight                                                                                                             |                                      |                                           |              |
| Altitude                                                                                                           |                                      |                                           |              |
| Temperature                                                                                                        |                                      |                                           |              |
| Pulse                                                                                                              |                                      |                                           |              |
| RR                                                                                                                 |                                      |                                           |              |
| Respiratory Effort                                                                                                 |                                      |                                           |              |
| Respiratory Description                                                                                            |                                      |                                           |              |
| CRT                                                                                                                |                                      |                                           |              |
| MM                                                                                                                 |                                      |                                           |              |
| Staff Initials                                                                                                     |                                      |                                           |              |
| Visual Check                                                                                                       |                                      |                                           |              |
| Dr. Exam                                                                                                           |                                      |                                           |              |
| ... ADVANCED VITALS ...                                                                                            |                                      |                                           |              |
| B.P.                                                                                                               |                                      |                                           |              |
| BP CUFF SIZE                                                                                                       |                                      |                                           |              |
| BP LOCATION                                                                                                        |                                      |                                           |              |
| SpO2                                                                                                               |                                      |                                           |              |
| O2 Therapy                                                                                                         |                                      |                                           |              |
| Assess O2 Needs                                                                                                    |                                      |                                           |              |
| Seizure Watch                                                                                                      |                                      |                                           |              |
| ACTIVITY                                                                                                           |                                      |                                           |              |
| Offer Food                                                                                                         |                                      |                                           |              |
| Food Type                                                                                                          |                                      |                                           |              |
| Food Amount Offered                                                                                                |                                      |                                           |              |
| Appetite                                                                                                           |                                      |                                           |              |
| Water                                                                                                              |                                      |                                           |              |
| NPO                                                                                                                |                                      |                                           |              |
| Walk                                                                                                               |                                      |                                           |              |
| Urination                                                                                                          |                                      |                                           |              |
| Defecation                                                                                                         |                                      |                                           |              |
| Vomiting                                                                                                           |                                      |                                           |              |
| Diarrhea                                                                                                           |                                      |                                           |              |
| ... FLUID THERAPY ...                                                                                              |                                      |                                           |              |
| § IV Set Up                                                                                                        |                                      |                                           |              |
| § Add Plasma Lyte A 1L E                                                                                           |                                      |                                           |              |
| § Subcutaneous Fluids                                                                                              |                                      |                                           |              |
| § IV Catheter                                                                                                      |                                      |                                           |              |
| Fluid Bolus                                                                                                        |                                      |                                           |              |

Sun, 03-Apr-2022

(Day 1 of 2)



| GENERAL INFO                                                                                                       | PATIENT                              | CLIENT                                    | PROBLEM LIST |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------|
| DVM: * (AV/EC -402)<br>Deposit: 0<br>Template: 1 Canine Template<br>Patient File Number: 1258...<br>Custom: 3:00pm | Test (11)<br>Canine - Great Pyr - FS | AV/EC Test AV/EC Test<br>Tel:410-224-0121 | vomiting     |
|                                                                                                                    |                                      |                                           |              |
| 7:21:58 PM                                                                                                         |                                      |                                           |              |
| MONITORING                                                                                                         |                                      |                                           |              |
| Treatments in Progress                                                                                             |                                      |                                           |              |
| Consent                                                                                                            |                                      |                                           |              |
| Weight                                                                                                             |                                      |                                           |              |
| Altitude                                                                                                           |                                      |                                           |              |
| Temperature                                                                                                        |                                      |                                           |              |
| Pulse                                                                                                              |                                      |                                           |              |
| RR                                                                                                                 |                                      |                                           |              |
| Respiratory Effort                                                                                                 |                                      |                                           |              |
| Respiratory Description                                                                                            |                                      |                                           |              |
| CRT                                                                                                                |                                      |                                           |              |
| MM                                                                                                                 |                                      |                                           |              |
| Staff Initials                                                                                                     |                                      |                                           |              |
| Visual Check                                                                                                       |                                      |                                           |              |
| Dr. Exam                                                                                                           |                                      |                                           |              |
| ... ADVANCED VITALS ...                                                                                            |                                      |                                           |              |
| B.P.                                                                                                               |                                      |                                           |              |
| BP CUFF SIZE                                                                                                       |                                      |                                           |              |
| BP LOCATION                                                                                                        |                                      |                                           |              |
| SpO2                                                                                                               |                                      |                                           |              |
| O2 Therapy                                                                                                         |                                      |                                           |              |
| Assess O2 Needs                                                                                                    |                                      |                                           |              |
| Seizure Watch                                                                                                      |                                      |                                           |              |
| ACTIVITY                                                                                                           |                                      |                                           |              |
| Offer Food                                                                                                         |                                      |                                           |              |
| Food Type                                                                                                          |                                      |                                           |              |
| Food Amount Offered                                                                                                |                                      |                                           |              |
| Appetite                                                                                                           |                                      |                                           |              |
| Water                                                                                                              |                                      |                                           |              |
| NPO                                                                                                                |                                      |                                           |              |
| Walk                                                                                                               |                                      |                                           |              |
| Urination                                                                                                          |                                      |                                           |              |
| Defecation                                                                                                         |                                      |                                           |              |
| Vomiting                                                                                                           |                                      |                                           |              |
| Diarrhea                                                                                                           |                                      |                                           |              |
| ... FLUID THERAPY ...                                                                                              |                                      |                                           |              |
| § IV Set Up                                                                                                        |                                      |                                           |              |
| § Add Plasma Lyte A 1L E                                                                                           |                                      |                                           |              |
| § Subcutaneous Fluids                                                                                              |                                      |                                           |              |
| § IV Catheter                                                                                                      |                                      |                                           |              |
| Flush IVC                                                                                                          |                                      |                                           |              |
| Fluid Bolus                                                                                                        |                                      |                                           |              |

Sun, 03-Apr-2022

(Day 1 of 2)



| GENERAL INFO                                                                                                       | PATIENT                              | CLIENT                                    | PROBLEM LIST |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------|
| DVM: * (AV/EC -402)<br>Deposit: 0<br>Template: 1 Canine Template<br>Patient File Number: 1258...<br>Custom: 3:00pm | Test (11)<br>Canine - Great Pyr - FS | AV/EC Test AV/EC Test<br>Tel:410-224-0121 | vomiting     |
|                                                                                                                    |                                      |                                           |              |
| 7:24:48 PM                                                                                                         |                                      |                                           |              |
| MONITORING                                                                                                         |                                      |                                           |              |
| Treatments in Progress                                                                                             |                                      |                                           |              |
| Consent                                                                                                            |                                      |                                           |              |
| Weight                                                                                                             |                                      |                                           |              |
| Altitude                                                                                                           |                                      |                                           |              |
| Temperature                                                                                                        |                                      |                                           |              |
| Pulse                                                                                                              |                                      |                                           |              |
| RR                                                                                                                 |                                      |                                           |              |
| Respiratory Effort                                                                                                 |                                      |                                           |              |
| Respiratory Description                                                                                            |                                      |                                           |              |
| CRT                                                                                                                |                                      |                                           |              |
| MM                                                                                                                 |                                      |                                           |              |
| Staff Initials                                                                                                     |                                      |                                           |              |
| Visual Check                                                                                                       |                                      |                                           |              |
| Dr. Exam                                                                                                           |                                      |                                           |              |
| ... ADVANCED VITALS ...                                                                                            |                                      |                                           |              |
| B.P.                                                                                                               |                                      |                                           |              |
| BP CUFF SIZE                                                                                                       |                                      |                                           |              |
| BP LOCATION                                                                                                        |                                      |                                           |              |
| SpO2                                                                                                               |                                      |                                           |              |
| O2 Therapy                                                                                                         |                                      |                                           |              |
| Assess O2 Needs                                                                                                    |                                      |                                           |              |
| Seizure Watch                                                                                                      |                                      |                                           |              |
| ACTIVITY                                                                                                           |                                      |                                           |              |
| Offer Food                                                                                                         |                                      |                                           |              |
| Food Type                                                                                                          |                                      |                                           |              |
| Food Amount Offered                                                                                                |                                      |                                           |              |
| Appetite                                                                                                           |                                      |                                           |              |
| Water                                                                                                              |                                      |                                           |              |
| NPO                                                                                                                |                                      |                                           |              |
| Walk                                                                                                               |                                      |                                           |              |
| Urination                                                                                                          |                                      |                                           |              |
| Defecation                                                                                                         |                                      |                                           |              |
| Vomiting                                                                                                           |                                      |                                           |              |
| Diarrhea                                                                                                           |                                      |                                           |              |
| ... FLUID THERAPY ...                                                                                              |                                      |                                           |              |
| § IV Set Up                                                                                                        |                                      |                                           |              |
| § Add Plasma Lyte A 1L E                                                                                           |                                      |                                           |              |
| § Subcutaneous Fluids                                                                                              |                                      |                                           |              |
| § IV Catheter                                                                                                      |                                      |                                           |              |
| Flush IVC                                                                                                          |                                      |                                           |              |
| Fluid Bolus                                                                                                        |                                      |                                           |              |

PATIENT CLIENT PROBLEM LIST

**Visual Check**

Start at (o'clock):

Continue every (hours):

Instructions: Left sided epistaxis

**Box Color meanings:** Do the tx , Ask a DVM before doing tx , There is a note attached to this treatment/check , Indicates a change , Discontinue treatment

# Normal Vitals

## Dog

- **Heart Rate:** 90-120 bpm
  - Depending on dog size:
    - Small dog HRs tend to be higher than large dogs
- **Temperature:** 99.5-102.5
- **Respiratory Rate:** 20-40 rpm
  - Panting will make the RR between 120-200 rpm sometimes
- **CRT/MM:** 1-2 seconds, Pink

\*Keep in mind the mentation of the patient! If they are extremely anxious, excited or stressed, this will elevate all vitals, but that is okay! Add a recheck to those vitals!\*

## Cat

- **Heart Rate:** 170-200
- **Temperature:** 99.5-102.5
- **Respiratory Rate:** 20-40 rpm
- **CRT/MM:** 1-2 seconds, Pink



# Abnormal Vitals

## Dog

Heart Rate:

Large Breed: <80, >140 bpm

Small Breed: <100, >180 bpm

## Cat

Heart Rate:

<170, >230 bpm

Respiratory Rate:

Panting, open mouth breathing

**Mucus Membrane:**

Pale, white MM

Blue/purple MM

Grey/Muddy MM

Red MM

Yellow (icteric) MM

## Both

**CRT:**

>2 seconds



# Other Abnormal Symptoms to Look For

- Mentation
  - Dull
  - Lethargic
  - Dysphoric
  - Comatose
- Twitching, Seizures
- Ataxia
- Collapsing
- Vocalizing
- Active bleeding that can't be stopped with a light bandage
- Head tilt
- Black/tarry stool on the thermometer





# Diagnostics to Obtain During Triage

**\*\*ALL DIAGNOSTICS MUST BE RECORDED IN SMARTFLOW AND ON THE CLIENT DATA SHEET\*\***

- **Blood Glucose**
  - Puppies/ Kittens 3 months and under
  - Diabetics
  - Xylitol Toxicity
  - Actively Seizing (1st time seizures)
- **Tonometry (eye pressures)**
  - If patient comes in for eye issues (glaucoma)
- **Induce Emesis**
  - If patient ingests a foreign body or toxin within the last few hours
    - If DVM approves
- **ECG**
  - If a patient presents for a syncopal event, increased heart rate, or known arrhythmia, etc...
- **Blood Pressure**
  - If a patient presents as a post op, shock (severe dehydration, HBC, dog attacks...), dull mentation, dilated pupils, sudden blindness, etc...
- **SPO2**
  - If a patient is having trouble breathing or has pale or cyanotic gums. To determine how oxygen dependent they are.

# When to Place E-Collars on a Patient

- Eye issues
- All aggressive animals
- Lacerations

**\*\*Case by case to determine\*\***



# Cage Stickers/ Signage

- **Caution/ Will Bite**
  - Place on cages with patients that are aggressive or have the potential to be aggressive
- **No Neck Leads**
  - Place on cages with patients that are having back/neck pain, mega esophagus, have collapsing trachea or have any neck wounds
- **Seizure Watch/ Seizure protocol**
  - Place on cages with patients that are presenting with seizures or have a history of seizures
  - Ask DVM for seizure protocol then write it on the cage hang sign
- **Blind/Deaf**
  - Place on cages with patients that are blind or deaf
- **Diabetic**
  - Place on cages with patients that are diabetic
- **WEAR GLOVES**
  - Place on cages with patients that are < 3 months old, have contagious issues
- **Not UTD**
  - If a patient is not UTD on rabies, please indicate that on the cage
- **Blank Stickers**
  - You can write anything on these that someone may need to know before entering their cage
- **DNR**
  - If the owner's wishes are DNR put this on their pet's cage card

# Neonates

- **Puppies and Kittens under 3 months of age**
  - ALWAYS handle with gloves
  - ALWAYS check a BG
  - If here for vomiting or diarrhea (dogs) - ask DVM to parvo test BEFORE bringing animal into building.
    - If yes parvo test- if patient is stable, test animal in car and have them wait the 10 minutes before bringing them in so you know what protocol to use
      - If PARVO POSITIVE- wear iso gown and gloves and take directly to isolation to do vitals
        - Alert technician assigned to isolation
    - If no parvo test- still handle animal like they are contagious. They do not need to go into isolation but make sure they are set apart from as many animals as possible
- If puppy or kitten is under 1 month of age- place in incubator at 95 degrees
- **PUT WEAR GLOVES SIGN ON ANY CAGE NEONATES ARE IN**



# Euthanasias

- Determine if the family would like to be present or not
  - If present:
    - Tell the family that we will take the patient inside to place an IVC and then will bring them back so they can visit with them
  - If not present:
    - Confirm they do not want to be present
    - NEVER make an owner feel badly about not being present. It is their choice and we will support it.
- Notify a tech when you bring the patient back that they need a euthanasia IVC if owner is being present
- Make sure a DVM gets assigned to the case!  
Paperwork and payment cannot happen without it!
- Very important to be kind and understanding



# Discharges

- CST's do outpatient discharges and Vet admins do inpatient discharges BUT it is important to know how to do one if they need help!!
- When discharging a patient, please briefly read over the discharge instructions. It is important to **AT LEAST** know why the patient was here.
  - Even though the CSTs go over the discharge instructions with the owners, sometimes they still have a lot of questions.
- **Confirm they have had all their treatments done before taking out.**
  - Make sure if they are going home with an e-collar that they have one
- **Know how to walk the patient out to the family**
  - Is the patient walking? Do you need a gurney?
  - Can the patient have neck leads?
  - Is the patient aggressive?
  - Does the owner have the cat carrier or do we?
- **NEVER EVER** take a cat out to an owner without a carrier. We do have hospital carriers that we can transport the cat through the parking lot.
  - If an owner shows up without a carrier, and the cat is stable and BAR, get the hospital carrier from inside to transport the cat. Obviously if the cat is critical then just act accordingly.



- **Leg wraps/ bandages from IVC or blood draws**
  - Make sure the owner knows that these bandages need to come off in a hour.
  - If you go to discharge a patient and they already have a bandage on, ask the tech when they removed the IVC or drew blood because maybe it can just come off before taking the patient out.
- **Owner Meds and belongings**
  - Double check that we have all the owners meds and belongings before discharging the patient
- **Demos**
  - We usually do a lot of SQ fluid and insulin demos but we also do E tube and JP drain care demos as well. If you feel comfortable doing these and feel confident that you will be able to provide the owner with an informative and well demonstrated experience then you can do it. But if you do not, find someone that is, or sometimes the tech that has been caring for the patient to do the demo.

# Common Emergencies and what to do

## ● Urinary Obstruction (UO)

- Usually seen in male cats, but anything can develop a UO. But this slide is in reference to a male cat
- Owner will usually say that the patient is making frequent trips to the litter box and straining
- Presenting complaint sometimes can just be vomiting, not eating, lethargy within the last 24-48 hours
- Patient will sometimes present yowling
- In severe cases, patient can present with extreme lethargy and a low heart rate
- If you suspect a UO, notify a DVM
  - Some techs feel comfortable palpating bladders to determine severity
- Can put patient in cat ward if stable
- If any animal is a suspected UO, a DVM needs to be notified immediately

## ● Hemoabdomen, Pericardial Effusion

- Presenting complaint usually will be collapse and heavy breathing
- Usually seen in older, medium to large breed dogs
- For pericardial effusion: a common symptom is vomiting along with collapse
- Vitals will usually be increased heart rate (pericardial effusion: heart sounds can be muffled and difficult to hear), RE will be increased, MM will be pale pink, pale, white, purple, or muddy.
- Do not make these dogs walk into the building if you can help it, they are already very weak and struggling. If they will tolerate a gurney, then gurney them in.
- If either of these are suspected, alert a tech and DVM immediately
- These animals will usually require oxygen of some kind, flow by or a oxygen chamber.
- Needs to be placed in a cage in immediate eye sight



- **Congestive Heart Failure (CHF), Pleural Effusion, Dyspnea, Saddle Thrombus**
  - Presenting signs: dyspnea, orthopnea, pale or cyanotic MM
  - Put these patients directly into an oxygen chamber or hold flow by oxygen on patient if DVM is coming out (depends on stress level and severity of patient)
  - THESE ANIMALS ARE MOST LIKELY TO BITE!!!!!!!!!! PLEASE USE CAUTION!!!!
  - Saddle thrombus: They are usually in excruciating pain and are screaming (most of the time) so PLEASE BE CAREFUL HANDLING! They will bite and not let go if they are not handled properly.
    - These cats will present unable to use hind legs and will be having trouble breathing, usually panting.
  - Notify a DVM immediately
- **Gastric Dilatation and Volvulus (GDV)**
  - Presenting Signs: increased HR (150-200bpm), red (injected), pale pink or pale MM, distended and painful abdomen, retching (unproductive vomiting)
  - Typically seen in large deep chested dog breeds but also dachshunds, basset hounds and corgis
  - If this is suspected, notify DVM immediately and will usually be directed to take a right lateral radiograph to confirm diagnosis
  - \*\*Food bloat can also present with these symptoms\*\*

- **Lacerations**

- Identify if wounds are actively bleeding
- Place e-collar on patient to prevent further damage
- Determine severity and if it requires immediate DVM attention
  - If it's not actively bleeding or impairing the patient in any way, the patient can usually wait
  - If it is actively bleeding, place a wrap/bandage on it, if possible.
  - If wounds are severe (determine case by case) alert DVM immediately.

- **Fractures**

- As long as patient is stable, okay to wait to be seen
- You can ask the DVM for pain meds while they wait to be seen

- **Toxin/Foreign Body Ingestion**

- Ask owner what the patient ingested, how much they ingested and how long ago
- Depending on what the toxin is, will determine how we act
  - But typically, alert a DVM and usually we can instruct a tech to induce vomiting
- Put vomiting checks q1hr on these patients if we induce vomiting.

- **Parvo**

- If patient is usually under 6 months of age and is experiencing vomiting or diarrhea of any kind always ask a DVM to parvo test
  - Alert a DVM prior to going out to triage so it's a more efficient triage and let them know the patients signalment and symptoms and ask if it's okay to parvo test if owner consents
    - If yes parvo test: triage patient as normal at the car and if the owner consents and the patient is stable looking then parvo test IN THE CAR. Wait for the results so you can bring the patient inside with the correct protocol.
      - If parvo positive, then get the puppy from the car in an iso gown and gloves then bring directly to isolation to do vitals and obtain BG. Alert isolation technician.
    - If no parvo test or parvo negative: bring patient inside and place in a cage as far away from other animals just in case.
      - PUT WEAR GLOVES SIGN ON CAGE

- **Proptosis**

- Place e-collar on patient
- Lubricate eye (you can add lubricate eye treatments every few hours, especially if it's a long wait)
- As long as these things are done, animal is okay to wait
  - But notify DVM to maybe get pain meds on board

- **Seizures**

- If first time seizure:
  - Ask owners if they know if patient got into anything toxic
    - If no: then patient can wait in cage until DVM can see them as long as they are stable
    - If yes: then notify a DVM and let them know the toxin
- If history of seizures:
  - Ask owners what meds (mg, times of day) they are on and when the last doses were
  - If any emergency doses of meds were given, what were they and when given
- Place patient in cage with seizure watch sticker, seizure bells around neck, and ask DVM for seizure protocol.
- Place in cage in immediate eye sight
- If actively seizing...**STAY CALM!!!** Place an IVC and get a BG. Notify a DVM calmly, inform that these things are being done and ask for a diazepam/midazolam dose.

- **Upper Respiratory Infection (URI), Kennel Cough, FeLV, FIV, FVO or anything highly contagious**
  - If possible, place in isolation.
    - If this is not possible (ex: you triage a kennel cough dog but we have a parvo puppy in iso), if patient is stable, have owner wait in car with patient until DVM is ready to examine.
    - Can also place a small dog in cat ward if they are **CALM AND QUIET**.
    - If you have a kitten/cat with URI symptoms, it can go in isolation if there is a dog already in there with any ailment.
    - Anything with a fever (specifically a cat), do not put the cat in cat ward.
  - FOR ANY CANINE RESPIRATORY CASE (GOWN UP!)
    - Have owner wait in car with patient until DVM is ready to examine, as long as patient is stable. DVM will examine outside.
    - If there is a parvo puppy in isolation, move parvo puppy to catward so the respiratory case can be in isolation if they are being hospitalized.
- **Immune Mediated Hemolytic Anemia (IMHA), Anemia, Idiopathic Thrombocytopenia (ITP)**
  - Determine if patient is stable or not.
    - Usually with anemia HR is elevated, RR/RE are increased, CRT/MM are pale-white or yellow in color, and patient is very weak.
    - Do not make these patients walk, carry or gurney them if possible.
    - Notify a DVM immediately, they will probably want to obtain a PCV/TS asap.
    - Place patient in cage in immediate eye sight

- **Leptospirosis (Positive or Suspect)**

- This is a zoonotic disease (humans can contract this from infected urine)
- WEAR GLOVES and PPE at all times!
- These animals usually come in icteric, referral for liver and/or kidney issues
- Place in cage with appropriate signage and trash bags for trash and laundry.
  - Try to put in cage away from other animals and on a bottom cage.

WHEN IN DOUBT...

**ALWAYS ASK**

It is better to be safe than sorry!

DVM's are completely fine with being asked to triage animals if there is uncertainty with the stability of the patient/ if they would be fine to wait.

# Dog Behavior

As triage techs it is vital that we understand animal behavior. We see the patients at one of the most stressful points of their visit, when they leave their owner and are with someone new in a new place. This can be extremely traumatizing for some animals.

It is important to know the difference between the emotion an animal is feeling and plain aggression. Aggression is aggression but it is important to understand how a dog is feeling from their body language. We will normally see fearful, protective, or territorial dogs. They show these emotions first and then will act out in an aggressive way when boundaries are crossed.

- Usually with a fearful animal, the dog will look very unsure, tucked tail, ears laid flat, and be very reluctant to move.
  - With these dogs, GO SLOW...VERY SLOW. The last thing you should be doing is dragging them, jumping on top of them and overwhelming them. Try to get on their level and talk to them in low and calming voices. Don't push their limits, try to gain their trust. Go at their speed. No fast movements or big reactions.
  - I realize that in an emergency setting, this is not always possible. But we do need to make an effort to make this experience as low stress as possible.
  - These animals will usually cower in the back or corner of their cage and will become very cage brave..or they will freeze like statues



- We have all seen the dogs that are too aggressive to even bring into the building. These dogs are usually demonstrating protective and territorial emotions of their owners and their car or just their space in general.
  - Sometimes, if possible, removing these dogs from their owner and the car will make their behavior improve
  - But there are the times where you just can't because the dog is just too dangerous to handle.
    - In these situations, you really need to use your best judgment and decide what the best route is.
    - If the animal is very stable and is here for something non life threatening, leaving the dog in the car with the owner while they wait is the best option for everyone. Alerting the DVM and maybe getting some Trazodone and Gabapentin on board during their wait could also be very beneficial.
  - If able, giving the patient treats to gain trust is a good idea. Being patient is key. Do not force anything.
  - Have the owner walk with you and the pet to the door to facilitate getting into the building
    - NEVER drag a patient into the building. This is extremely unnecessary and very stressful for the patient and their owner.

**Use your judgment for all situations!!!!**

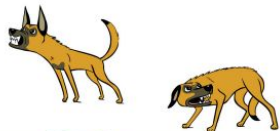
- ANXIETY...we have all experienced an anxious dog. A hospital environment is very stressful and creates a lot of anxiety. These dogs are usually being very vocal, pacing, digging, heavy panting.
  - These dogs would do best in the back runs, where they can have space and be in a relatively quiet environment.
  - Anxiety can lead to a lot of flare ups of medical issues as well, so it is imperative that we do all we can to keep these dogs as calm as possible.
    - Ex: respiratory distress (lar-par, collapsing trachea, bulldog-ness...)



## THE SPECTRUM OF FEAR, ANXIETY & STRESS

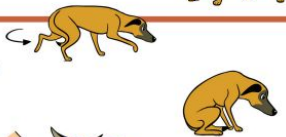
### RED: SEVERE SIGNS - FIGHT/AGGRESSION (FAS 5)

- Offensive aggression: lunging forward, ears forward, tail up, hair may be up on the shoulders, rump, and tail, showing only the front teeth, lip pucker - lips pulled forward, tongue tight and thin, pupils possibly dilated or constricted.
- Defensive aggression: hair may be up on the back and rump, dilated pupils, direct eye contact, showing all teeth including molars, body crouched and retreating, tail tucked, ears back.



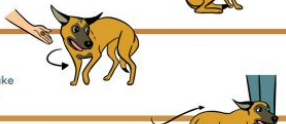
### RED: SEVERE SIGNS - FLIGHT/FREEZE/FRET (FAS 4)

- Flight: ears back, tail tucked, actively trying to escape - slinking away or running, mouth closed or excessive panting - tongue tight instead of loose out of mouth, showing whites of eyes, brow furrowed, pupils dilated.
- Freeze/Fret: tonic immobility, pupils dilated, increased respiratory rate, trembling, tense closed mouth, ears back, tail tucked, body hunched.



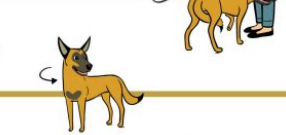
### YELLOW: MODERATE SIGNS (FAS 3)

- Similar to FAS 2 but turning head away, may refuse treats for brief moments or take treats roughly, may be hesitant to interact but not completely avoiding interaction.



### YELLOW: MODERATE SIGNS (FAS 2)

- Ears slightly back or to the side, tail down but not necessarily completely tucked, furrowed brow, slow movements or unable to settle, fidgeting, attention seeking to owner, panting with a tighter mouth, moderate pupil dilation.



### GREEN: MILD/SUBTLE SIGNS (FAS 1)

- Lip licking, avoids eye contact, turns head away without moving away, lifts paw, partially dilated pupils, slight panting but commissures of lips are relaxed.



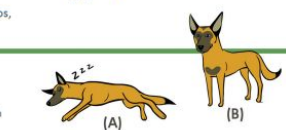
### GREEN: ALERT/EXCITED/ANXIOUS? (FAS 0-1)

- Tail up higher, looking directly, mouth closed, eyes more intense, more pupil dilation, brow tense, hair may be just slightly up on the back and tail, may be expectant and excited or highly aroused.



### GREEN: PERKED/INTERESTED/ANXIOUS? (FAS 0-1)

- Looking directly but not intensely, tail up slightly, mouth open slightly but loose lips, ears perked forward, slight pupil dilation.



### GREEN: RELAXED (FAS 0)

- A: Sleeping.
- B: Neutral - ears in neutral position, not perked forward, brow soft, eyes soft, mouth closed but lips relaxed, body loose, tail carriage neutral, pupils normal dilation.
- C: Friendly greeting - slow back and forth tail and butt wag, ears just slightly back, relaxed brow and eyes, may have mouth slightly open with relaxed lips and loose tongue.



## Canine Body Language

| Anatomy       | Relaxed                                              | Stressed                                               |
|---------------|------------------------------------------------------|--------------------------------------------------------|
| Face          | Soft, loose mouth                                    | Skin taut; wrinkled brow; lips pulled back             |
| Eyes          | Almond shape; normal pupils; soft eye                | Dilated pupils; hard eye; whale eye                    |
| Ears          | Soft, loose; forward or midway on heads              | Far forward; out to the side; flat against head        |
| Spine/Posture | Flexible neck to tail                                | Rigid                                                  |
| Tail*         | Level with topline; slightly above or below; wagging | High above topline; tucked; wagging                    |
| Mouth         | Mouth open; lips-long, soft                          | Mouth closed; lips-short, tense; snarl; lip lift; bite |

\*Curly, docked tail - evaluate in light of what is typical for that breed

# Cat Behavior

- If you can help it at all, ALWAYS triage cats in a quiet and closed off room
- If the cat is growling, hissing, lunging right off the bat, get someone to help you obtain vitals
  - Use the appropriate protective gear, cat gloves, muzzle or e-collar if possible
  - If the cat is too aggressive to touch, and is here for a non life threatening issue, leave the cat in the carrier while they wait and make sure to put hourly visual checks on the patient in smartflow
- If the cat has their ears tucked back, tail tucked in and body is all curled up trying to hide, this cat is scared and experiencing stress.
  - These cats can be flighty and require you to go at a slow pace and be in a quiet environment
  - These are normally the cats that will run away and scale the walls when spooked or be completely frozen.
- Avoid scruffing cats, use towels instead.
- If the cat is sitting up, tail straight out and relaxed, and acting curious, this cat is relaxed and will probably act okay.

Cats can be very unpredictable and it is important for you to always go slow with them and understand that they can only tolerate so much in a certain amount of time (kitty minutes).

## THE SPECTRUM OF FEAR, ANXIETY & STRESS

### RED: SEVERE SIGNS - FIGHT/AGGRESSION (FAS 5)

- Offensive aggression: pupils constricted or dilated, cat leaning forward, ears forward, moving forward, whiskers forward, tail is an inverted L (first inch of tail is horizontal with ground then the tail drops down), rump raised higher than front (on tip toes), staring, may be growling.
- Defensive aggression: ears back, pupils dilated, hunkered down, tail tight or tucked or tail thrashing, whiskers back, hissing, lips pulled back, staring, furrowed brow, could be swatting.



### RED: SEVERE SIGNS - FLIGHT/FREEZE/FRET (FAS 4)

- Flight: actively trying to escape, pupils dilated, ears back, whiskers back, tail down and bottle brushed, fleeing, turning to look at stimulus.
- Freeze/Fret: tonic immobility, dilated pupils, body flattened and tense, tail tucked, increased respiratory rate, ears back, staring, whiskers back.



### YELLOW: MODERATE SIGNS (FAS 2-3)

- Ears further to the side, more pupil dilation but not completely dilated, increase in respiratory rate, brow furrowed, looking at stimulus instead of looking away, tail tight to body, possible tip of tail moving some, whiskers back, body crouched and leaning away.



### GREEN: MILD/SUBTLE SIGNS (FAS 1)

- Avoids eye contact, turns head away without moving away, partially dilated pupils, head held just slightly down, slight brow furrowing, whiskers slightly back, ears partially to the side, body shifted slightly away, tail closer to body with possibly some slight flicking.



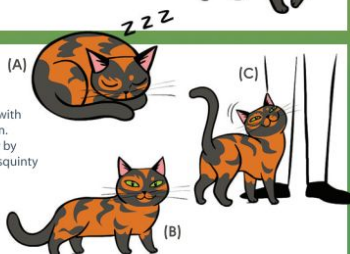
### GREEN: PERKED/INTERESTED/ANXIOUS? (FAS 0-1)

- Looking directly but not intensely, tail up and winding, mouth closed with loose lips, ears perked forward, whiskers forward, slight pupil dilation.



### GREEN: RELAXED (FAS 0)

- A: Sleeping.
- B: Neutral - ears in neutral position, brow soft, eyes soft, mouth closed with relaxed lips, body loose, tail carriage U-shaped, pupils normal dilation.
- C: Friendly greeting - tail up and winding, may elevate rear end slightly by standing on toes, ears neutral, forward or slightly back, might have squinty eyes, brow relaxed, might cheek mark or rub on person or object.



## Feline Body Language

| Anatomy       | Relaxed                                                                                  | Stressed                                                  |
|---------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Eyes          | Normal pupils                                                                            | Large, round pupils                                       |
| Ears          | Forward                                                                                  | Out to the side; back against head                        |
| Spine/Posture | Rear of cat higher than shoulders; back flat                                             | Body crouched; legs tucked under body                     |
| Tail          | Straight up, inverted U at tip, soft curve below topline; gentle back and forth movement | Curled around body or tucked; forceful movement, thumping |
| Mouth         | Closed                                                                                   | Open; panting; hissing, growling, spitting                |

**If you do not feel comfortable handling  
an aggressive animal, it is very  
important that you find someone that is!**

**Mistakes can be made and injuries  
happen when you react in fear and are  
not level headed.**

# Mock Triage Scenario

**Patient Name:** Fluffy

**Signalment:** 6y/o, MN, Pomeranian

**Presenting Complaint:** Vomiting for 5 days, not eating

**Wait time currently:** 3-5 hours

**Vitals:** HR:150, RR 200/pant/normal, CRT/MM 1-2sec pink tacky, temp 101.3, BAR, aggressive

**\*\*going into triage, the CSTs expressed that the owner is already not happy about the wait time\*\***

# Mock Triage Scenario

**Patient Name:** Wanda

**Signalment:** 3m/o, FI, Hound Mix

**Presenting complaint:** adopted last saturday, diarrhea, lethargy

**Wait time currently:** 6-9 hours

**Vitals:** HR 180, RR 40/normal, CRT/MM pale pink >2sec, Temp 103.1, Lethargic

Parvo snap test results: PARVO POSITIVE



# Mock Triage Scenario

**Patient Name:** Luna

**Signalment:** 5 y/o, FS, DSH

**Presenting Complaint:** Dragging hind legs, yowling

**Vitals:** HR 250, RR 140/pant/severe, CRT/MM 1-2 sec pale pink, Temp in rear 93.6, temp in ear is 97.4, patient is BAR but panicking

# Mock Triage Scenario

**Patient Name:** Billy Joe

**Signalment:** 12 y/o, MI, GSD

**Presenting complaint:** Collapse, heavy breathing

**Vitals:** HR 180, RR 80/pant/slight, CRT/MM none/pale, Temp 98.6, Dull

**\*\*Owners are beside themselves and very distraught about not being able to be with Billy Joe in the back\*\***

# Mock Triage Scenario

**Patient Name:** Cuddles

**Signalment:** 2y/o, FS, DSH

**Presenting Complaint:** Vomiting after ingesting some string

**Vitals:** HR 210, RR 40/normal, CRT/MM 1-2 sec/pink, Temp 101.6, QAR

**Wait Time currently:** 5-7 hours

**\*\*owner is very angry about the wait time\*\***

# Mock Triage Scenario

**Patient Name:** Tank

**Signalment:** 8y/o, MI, Cane Corso

**Presenting complaint:** Limping RH

**Wait time currently:** 5-8 hours

**Vitals:** unable to obtain due to aggression, you are having trouble getting Tank into the building. You notice that Tank is putting weight on the RH and seems extremely stable.

**\*\*owners don't understand why we won't just sedate Tank now and do everything now, they are difficult to reason with\*\***

# Mock Triage Scenario

**Patient Name:** Monty

**Signalment:** 6y/o, MN, DSH

**Presenting Complaint:** Lethargy, Vomiting

**Vitals:** HR 180, RR 60/normal, CRT/MM 1-2 sec/pink, Temp 99.4, QAR

**Wait Time Currently:** 3-5 hours

# Mock Triage Scenario

**Patient Name:** Larry

**Signalment:** 6y/o, MN, Pitbull

**Presenting complaint:** Collapse, not breathing

**\*\*You confirm that patient is not breathing on triage and patient needs CPR.  
Owners are hysterically crying and screaming.\*\***

# Mock Triage Scenario

**Patient Name:** Bella

**Signalment:** 3y/o, FI, Chihuahua

**Presenting Complaint:** BDL D

**Wait time currently:** 6-9 hours

**Vitals:** HR 140, RR 60/normal, CRT/MM 1-2 sec/pink, Temp 102.4, BAR

**\*\*You notice that there is a large laceration that is not actively bleeding on her abdomen\*\***

# Mock Triage Scenario

**Patient Name:** Oreo

**Signalment:** 16y/o, FS, Border Collie

**Presenting Complaint:** Bleeding mass on RH

**Vitals:** HR 180, RR 150/slight/pant, CRT/MM >2sec/Pale,pale Pink, Temp 101.5,  
QBAR

**\*\*You notice during triage that the affected paw is wrapped in a sock with obvious strike through. Owner hands you a bag that has a bloody lump in it and states that it fell off during the night\*\***



# Mock Triage Scenario

**Patient Name:** Gizmo

**Signalment:** 5m/o, MI, Shih Tzu

**Vitals:** HR 140, RR 40/normal, CRT/MM 1-2 sec/ pink, Temp 100.7, BAR

**Presenting complaint:** Itching

**Wait Time Currently:** 8-10 hours