

.....

# Triage & CPR

Anne Arundel Veterinary Emergency Clinic

.....



“You don’t study to pass to test. You study to prepare for the day when you are the only thing between **a patient** and **the grave.**”

—Mark Reid

# TRIAGE TERMINOLOGY

**TRIAGE:** The process of prioritizing patients based on the severity of their condition.

**MENTATION:** A patient's mental activity (BAR, QAR, LETH)

**AMBULATORY:** The patient's ability to walk. If they are non-ambulatory it means they cannot walk without assistance.

# CARDIAC TERMINOLOGY

**PERFUSION:** Pumping of fluid/blood throughout the circulatory system

**HEMORRHAGE:** release of blood from a broken blood vessel

**HYPOVOLEMIA:** Low blood volume in the bod

# CARDIAC TERMINOLOGY

**BRADYCARDIA:** Heart Rate <80-100bpm Dogs  
<150-160bpm Cats

**TACHYCARDIA:** Heart Rate >160-180 Dogs, >200bpm Cats

**HYPOTENSION:** Low Blood Pressure

**CPR:** Cardiopulmonary Resuscitation

# RESPIRATORY TERMINOLOGY

- **DYSPNEA:** Difficulty Breathing

**APNEA:** Absence of breathing all together. Requires assisted ventilation

**HYPOXIA:** Absence of enough O<sub>2</sub> in the tissues to sustain bodily functions

**AGONAL:** Patient is gasping, labored breathing present during cardiac arrest

# ABBREVIATIONS

- **ECG:** Electrocardiogram – records electrical signals in the heart

**SPO2:** estimation of the amount of oxygen in the blood

**ETCO2:** estimation of CO<sub>2</sub> concentration at the end of an exhaled breath

**BP:** The pressure of circulating blood on the walls of blood vessels



## Two Techs to the Front

---

CSTs will intercom to this when they want assistants or technicians to triage from the treatment area of the car.



**Do Not Lift  
Over 50 lbs. Alone**

---

**Gurneys are Gold**





## **“ I Need A Doctor!”**

---

**You will shout this when there is a critical triage brought to the treatment area.**

# VITALS you will always get

## WEIGHT

Cats in kgs  
Dogs in  
lbs.

## HR / PR

Per Minute  
HR - Listen  
PR - Feel

## RR /RE

Per Minute  
RE is Normal,  
slight,  
moderate or  
severe

## CRT / MM

CRT - Refill  
Time  
MM - Color

## TEMP

Rectal,  
Axillary &  
Ear Temps

# Normal Vitals

VITALS	CAT	DOG
HEART RATE (bpm)	180-200	80-140 Depends Size
RESPIRATORY RATE (bpm)	16-40	16-40, Pant
CAPILLARY REFILL TIME	1-2 seconds	1-2 seconds
MUCOUS MEMBRANE	Light Pink - Pink	Pink
SpO2	95-100%	95-100%
SYSTOLIC BLOOD PRESSURE	100-150 mmHg	100-150 mmHg

## Follow The ABC's of CPR



•Airway



•Breathing



•Circulation

# The CPR Flow

## **LEADER & INTUBATOR (DVM)**

Intubates, Calls the shots & determines the time of death

## **THE PUMP (Anyone)**

Time Keeper & Chest Compressions (2 Min Cycles)

## **THE LUNGS (Anyone)**

Runs the oxygen machine & ventilates for the patient

## **THE CRASH CART**

Plugs in ECG & Suction  
Places ECG Leads  
Sets up for IVC

## **IVC/DRUG PUSHER**

Places IVC and Gives Drugs per DVM

## **RECORD KEEPER**

Keeps track of everything that is happening.



# The Pump

- Keeps 2 minute Cycle
- 100-120 Beats Per Minute
- Hand over Hand
- Bend at the Waist
- Elbows Locked
- ½ Width of the Chest
- Keep Rhythm



# The Positioning



B



# The Positioning



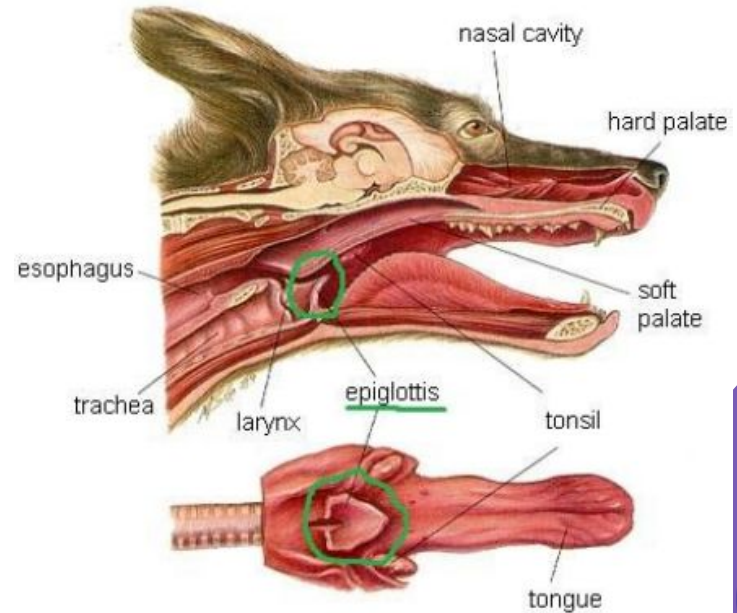
# The **Lungs**

- **Close Temp Pop-Off Valve**
- **Give 1 breath for 1 second**
- **Release Temp Pop-Off Valve**
- **Wait 6 seconds**
- **Repeat steps 1-4**
- **Don't Let Pressure Rise Over 18 mmHg**



# The **Intubator**

- Endotracheal Tube Placement
- Measure to the Shoulder
- Use Laryngoscope to Pull Down Epiglottis to Expose Larynx & Trachea
- Inflate Cuff with Syringe




# Complications with Intubation

- Esophageal Intubation
  - Over Inflation
  - Under Inflation
  - Endobronchial Intubation
  - Perforation
  - Rotation of Tube While Attached to Patient
  - Obstruction
  - Tension Pneumothorax
-



# The **Crash Cart**

1. Roll Crash Cart Over & Unclip Drawers
  2. Plug in ECG Monitor & Suction Machine
  3. Attach ECG Lead Clips to Correct Legs
  4. Use Ultrasound Gel to Keep Moist
  5. **DO NOT USE ALCOHOL**
  6. Set ECG to LEAD II
- 


# The **IVC / DRUG PUSHER**

1. **Clippers - Shave all the way around**
2. **Scrub & Alcohol (x3 Each)**
3. **Dry Gauze**
4. **Advance IVC in Cephalic**
5. **½ Inch Tape to Stabilize Catheter**
6. **1 Inch Tape to Tape Up the Leg**
7. **Attach T-Connector & Secure with 1 Inch Tape**
8. **Flush to Confirm Patency**





# The **Record Keeper**

- **Time CPR Began**
  - **Time of Drugs Given & Amounts**
  - **Time of Intubation**
  - **How many rounds of compressions**
  - **Any additional treatments**
  - **Time of Death**
- 

# Crash Cart Drugs

- **Atropine** - Elevates HR
- **Epinephrine** - Stimulates Heartbeat
- **Dextrose** - Treats Low Blood Glucose
- **Sodium Bicarbonate** - Treats Acidosis
- **Naloxone** - Reverses Opioids
- **Flumazenil** - Reverses Benzodiazepines

# Crash Cart Drugs

- **Furosemide (Lasix)** - Diuretic
- **Dobutamine** - Elevates Blood Pressure
- **Lidocaine** - Local Anesthetic & Treats Arrhythmias
- **Hypertonic Saline** - For Hypovolemia & Brain Swelling
- **Hetastarch** - Elevates Blood Pressure

# Circle of Communication

1. Someone gives a command by name.
  2. The person calls out that they have received the command and repeats the command back to confirm it was heard correctly.
-

# Let's Practice!

