
Emergency Medicine in General Practice: The Technician's Role

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The technician plays a crucial role in managing emergency cases in veterinary medicine. In today's emergency setting there are many different types of equipment used to help us with diagnosing, monitoring and treating our patients; however, the veterinary technician cannot be replaced (Battaglia). Nothing can replace what technicians know clinically, what they observe and their gut instincts. They are the eyes and ears of the doctors, the communicator for their patients, the person to explain and answer questions the owners may have and many times a shoulder to cry on.

With a topic as broad as this one, I thought about all of the things that we do as veterinary technicians in emergency medicine and what our main goal is in every task. From triaging to nursing care to discharges, everything we do as veterinary technicians is for our patients. To put it succinctly, my main goal is to be my patient's advocate. I do this by thinking critically about what is going on with the patient before me and how I can make them more comfortable. I try to have the answers to the questions I think my doctor is going to ask before they do, with the intent of making our interaction smooth and brief so that we can both keep moving on with our respective mental lists. So, let's walk through all of the ways we advocate for our patients and how veterinary technicians are vital to any practice, with focus on emergency medicine.

Triaging and Client Communication

As technicians, we are often the first person to talk with owners about their pets. Whether by phone or in person, it is our job to help answer their questions, address their concerns and guide them in the direction that's best for their pet. As an emergency practice we triage patients both in person upon arrival and over the phone. Oftentimes, the owner is wondering if their pet needs to be seen now or if they can wait. Since you cannot see or touch the patient during a phone triage, it is very helpful to have a few basic questions to ask at the beginning of the phone call. We must often read between the lines of what the owner is saying and weed out the "fluff;" starting with these questions (Figure 1.) will help keep the owner on track.

Figure 1.

Introduce yourself

Pet's name, species/breed, age and sex (altered?)

Main concern, How long has this been going on?

Pertinent medical history

Current medications

From there the questions should be in relation to the main concern. It is recommended that you familiarize yourself with your hospital's policy on what can or cannot be given out over the phone and discuss that with the owner (Norkus). For example, at DoveLewis our policy is that we cannot give out dosages of medications we have not prescribed (we legally can't) and we do not recommend inducing vomiting at home, due to the possibility of aspiration, esophagitis, gastroenteritis, uncontrolled dosing and a longer duration of emesis. If their pet needs to have vomiting induced we recommend they bring their pet in, letting them know it is safer for them to be monitored and has less side effects. If you have established a relationship with this patient it is important to look up their account and skim through it as owners may not remember all of the important details of their pet's medical history. For liability concerns, it is also very important to document all communications and recommendations from your phone calls in the event that you need these details for legal reasons. If in doubt or if the owner doesn't sound convinced that they should bring their pet in, just remember that they are concerned enough to call so you are concerned as well. Triageing over the phone is not an easy task. It takes good communication and listening skills and becoming skilled and efficient at it takes time and practice. Remember that you are there to help their pet; take the time to reassure them of that fact, they will appreciate hearing it.

When a patient presents at DoveLewis they are greeted by one of our Client Service Representatives who then alerts the technicians. A technician will then greet the owner, introduce themselves, and find out their presenting complaint while observing the patient before touching them. During this time, I take mental notes on whether the patient was carried in, if they collapsed, or if they look scared or excited. If they are scared, I may ask if I can touch the pet. I also observe how they are breathing. There are many things that you can learn from your patient just by watching them. For example, say you have a cat that was called as a stat because he was panting but you observe his color is nice and pink. If the owner doesn't seem concerned, I may ask them if this is why they are here and if not, then I would ask if they think the car ride caused them him some distress. If that is the case, then I may escort them to an available room and let the cat walk around, knowing he will probably be more comfortable (and the owner too) waiting in a quiet room with his owner while I continue my triage. Depending on the symptoms the patient has presented for, I may start with checking their gums first or I may feel pulses first. If they

are stable and not in need of oxygen therapy, vomiting induction, or pain medication immediately, then I will let them wait with their owner. This is more comfortable for both the pet and the owner.

Communication

I want to emphasize that communication is key. When I advocate for my patients, I do by communicating. Whether on the phone, in the lobby with owners, or in the treatment area with the doctors and other coworkers, we are constantly communicating and helping our patients. Communicating clearly and effectively helps build trust with clients and makes them more comfortable.

Most of us went into veterinary medicine because we love animals and people are gross. While many of us are introverts, we still have to learn to communicate effectively in order to help our patients. This is where the technician's role as client educator and doctor interpreter comes in. When we keep owners informed on what is going on they have a better client experience and are more likely to follow through with patient treatment. It is not uncommon to have emergencies come in and pass up (e.g. an active young Labrador with vomiting and diarrhea). It is important for us to remember that many people are unaware of how an emergency room works, that the more critical patients are seen first. It can be very frustrating for owners to sit in the lobby and watch other pets and owners being helped into a room to talk with the doctor, especially when they have been waiting longer. If we remember to take the time to explain that their pet is stable, that they may be waiting for some time but will be seen, they will be more understanding (if still somewhat impatient). If we aren't mindful, transparent, and don't communicate effectively with the owner, they may have a bad experience, become frustrated, and leave with their pet.

As an emergency hospital, we have owners select a patient code status upon arrival, in the event the patients' health declines and needs intervention. In situations where we need to start treatment immediately, we can get verbal consent to start but we also go into more detail about the cost of stabilization on the check in form. Being able to get started on the stabilization or pain medication a patient may need is most important and being able to accomplish that quickly becomes my number one priority. I have learned to communicate and explain why this needs to happen in order to get permission from the pet's owner. This way I can take the patient to the treatment area, ask a doctor for a pain medication dose and let them know that the owner has consented to that treatment. Early on in my career I would forget to ask questions that are now second nature and now I don't have to stop and turn back to ask the owner more questions before I can facilitate the pain medication. Critical thinking has helped me to become more efficient in treating my patients.

Take Ownership

When a patient comes back to the treatment area and receives pain medication or some sort of stabilization right away, more often than not the person who triaged that patient and knows the most about it will be in charge of its case. It's very important to communicate with our co-workers and come up with a plan on who will take ownership over different cases and treatments. Our co-workers are our team and communicating and coming up with a plan for tackling treatments helps the day (or night) to go more smoothly. It also helps patients and treatments not slip through the cracks. Moving forward on that patient's treatment, I am watching for signs of distress or discomfort. It is my responsibility as that patient's nurse to evaluate and report my findings to the doctor. For example, if I find that the patient shows signs of nausea after giving them Hydromorphone, I am going to tell the doctor my findings and give examples of why I think the addition of Maropitant is warranted. I will do the things I can to help make my patient more comfortable even if it is not scheduled on the treatment sheet because it is my responsibility as their technician to give them the best care that I can. Another example of this is when a patient that is laterally recumbent needs to be repositioned and have range of motion added to their treatment sheet—I can start doing that and add it to their treatment sheet if it is missed.

As technicians, we are multi-taskers and our jobs require us to be detail oriented. We must pay attention to not only the patients we are responsible for but also the other patients that are around us. We are a team, and if we notice something that one of our co-workers did not then it is our duty to let our co-worker know. While we all get caught up with tasks and our own mental lists from time to time, we will be much more successful at giving the best care to our patients if we work together.

We can advocate for our patients in many ways, including effective and transparent communication with owners about their pets and efficient communication and planning with co-workers. Finally, the best thing you can do in any emergency situation is to try to be prepared. Thinking critically about cases, asking the right questions, and acting on them are a few great things to start with in stressful emergency situations.

Triage questions:

- Introduce yourself
- Pet's name, species/breed, age and sex (altered?)
- Main concern? How long has this been going on?
- Pertinent Medical history
- Any current medications?
- How is the patient acting? (depressed? Still eating? Restless? Etc...)

Breathing:

- Increased rate/effort? (Open mouth breathing? Abdominal effort?)
- Gum color?
- Is there a history of heart issues or difficulty breathing?

Neuro

- Seizure(s)?
 - History of seizures? First seizure? And/or how many? (on any medications?)
 - How long? (grand mal? Did they urinate themselves?)
 - Anything they could have eaten or gotten into? (compost/slug bait/ meds etc)
- Ataxia? Anisocoria? Head tilt? (toxin ingestion/vestibular dz (ask about nystagmus)
- Back Pain? Unable to use hind end? (Weakness?)

Ingestion of toxins/things they are not supposed to eat

- Chocolate/caffeine: dark, light, size of dog/weight
- Grapes/raisins: bring in for vomiting/exam/diuresis
- Chicken bones: We will not induce vomiting but exam is a good idea. Could cause GI upset/obstruction vs. bulk up diet, keep close eye on appetite and bowel movements
- Compost/ Marijuana: Bring in (can induce vomiting if they are alert enough)
- Have them call pet poison hotline? (it is cheaper (and saves time), for them to call then for our dvm)

Vomiting:

- How long/often? (Still eating?)
- Actively producing? (What does it look like?)
- Any change in food?
- Any exposure to fish?
- Have they eaten anything not supposed to? (toys, food, chocolate, etc...)
- Are they coughing/hacking and "vomiting"?

Diarrhea: (similar to vomiting)

- Change in food?
- Have they eaten anything not supposed to? (toys, food, chocolate, etc...)
- Any change in food?

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- Any exposure to fish?
 - Straining, blood...?

Trauma: (remember compensatory shock, HBC dog may not show signs right away, should still be seen)

- What happened? How long ago?
- Actively bleeding?
- Do not pull objects out of area, do not recommend bandaging (can apply pressure on the way in)
- Offer advice on transportation and keeping the patient from bouncing around.

References:

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