

within the profession (new methods, pharmaceuticals, and diets) and by rapid changes in each patient (new and evolving clinical problems in each case).

Veterinarian and technician associations play a role in advocating standards of care, in providing continuing education, and in creating a forum for professionals with common interests to share their experiences. The special role of emergency and critical care technicians is recognized and supported by the Association of Veterinary Emergency and Critical Care Technicians (AVECCT) under the auspices of the Veterinary Emergency and Critical Care Society (VECCS). This technician specialty group, which was recognized by the North American Veterinary Technician Association (NAVTA) in 1996, is devoted to recognizing, educating, and networking technicians with specialty interest and training in emergency and critical care. These organizations provide important continuing education and a needed professional forum for technicians.

## SMALL ANIMAL EMERGENCY NURSING

### THE EMERGENCY CARE STATION AND RESUSCITATION AREA



Animals frequently come to the veterinarian with emergent and often life-threatening injuries or illnesses. Such demands require that the veterinary facility be set up in a manner in which quick assessment and immediate therapies are possible. Every veterinary practice should contain a centrally located emergency care station and resuscitation area devoted to crisis management. This area should be designed to facilitate rapid triage and treatment. It should be easy to access and have adequate space to accommodate multiple staff members responding to a patient emergency. Emergency drugs and equipment should be stored within easy reach and in designated areas. Equipment and drug inventory of the emergency care station should be checked at each shift change and following each use to ensure that all items are in working order and in adequate supply.

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As a minimum, this area should have a source of oxygen, a suction unit, adequate electrical capability, and sufficient lighting. The emergency care station should have a sufficient number of electrical outlets to supply monitoring equipment without the use of excessive extension cords, which can be clumsy, unsafe, and impede the movements of staff. Standard fluorescent lighting can be augmented by well-positioned overhead surgery or examination lights.

In many veterinary practices, oxygen is supplied via anesthetic equipment. Whereas an anesthetic machine provides a familiar means of ventilation and access to sedation (if needed), it can also be a source of catastrophe when errors of anesthetic depth or pop-off valve closure occur. If an anesthetic machine is used, waste anesthetic gas scavenging systems should be

available. To prevent the potential problems associated with anesthetic equipment, an oxygen source with a flowmeter and Ambu bag (Figure 33-1) is preferred. Ambu bags are especially useful because they are an easily transported, easily stored, and inexpensive source of artificial ventilation.

**TECHNICIAN NOTE** Ambu bags are easily transported, easily stored, and inexpensive equipment for manual ventilation.

Many small practices have suction units with adjustable suction pressure, which are used in surgery (Figure 33-2). The emergency area should have its own suction unit designated and supplied with a variety of suction tips. Suction equipment is often used in the emergency area to clear the airway or endotracheal tube of fluid or debris (mucus, blood, exudates, vomitus, etc.).



### CRASH CART

An integral part of preparation for an emergency is the “crash cart” (Figure 33-3). This can be a fishing tackle box with necessary items or a large cart on wheels with multiple drawers. A tool storage cart available at hardware stores can work quite well. The crash cart should be located at the emergency station and contain necessary items for treating patients that are medically unstable. Additional crash carts may be placed in select locations throughout the hospital, if needed (i.e., operating room or dental suite). Basic supplies contained in the crash cart should include items necessary to establish an airway, venous access, emergency drugs, and a dose chart.

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Following each use and at every shift change, the contents of the crash cart should be checked and restocked. The function of all battery or electrical items should be checked and