# Table of Contents

1. Course Syllabus for ANSC 261L  
   a. Instructor contact information ........................................4  
   b. Catalog Description .....................................................4  
      i. Activities scheduled at times other than class times  
   c. Student learning outcomes ...........................................5  
   d. Course content .............................................................5  
   e. Course tasks ...............................................................5  
   f. Assessment tasks and grading .........................................5  
      i. Method of Grading  
      ii. Point Values  
         1. Clinical Skills  
         2. Assignments  
         3. Exams  
      iii. Grading Scale  
      iv. Policy on make-up exams  
      v. Academic Dishonesty  
   g. Student Responsibilities ..............................................7  
      i. Employability Skills and Work Ethic  
   h. Attendance policy .......................................................8  
      i. Excused absences  
      ii. Unexcused absences  
      iii. Impact on grade  
      iv. Breaks  
   i. Learning Resources ....................................................9  
   j. Additional Information ...............................................9  
      i. Laulima  
      ii. Disability Accommodation Statement  
   k. Important dates .........................................................9  

2. ANSC 261L Dentistry Lab Procedures ................................10  
3. Laboratory Safety Rules ................................................12  
4. Drug Protocols ...........................................................14
5. Sample Protocol Worksheet..................................................18
6. Checklist for Induction.........................................................20
7. Sample Post-Surgical Care Handout.................................22
8. Pre-Dental Checklist (General).............................................24
9. Pre-Dental Checklist Per Patient...........................................26
10. Post-Dental Checklist (General).........................................28
11. Post-Dental Checklist Per Patient.......................................30
12. ETT Tube Size Chart.........................................................31
13. ASA Physical Status..........................................................32
ANSC 261L: Anesthesiology and Dentistry for Veterinary Technicians
CRN 62453 and CRN 62454

Instructor: Carolyn Naun, DVM
Assistant: Kathleen Baxter, RVT
Office: Hale Nauauao 141
Office Hours: Tuesday 8-9am, Wed and Thurs 8-3:30am or by appointment
Office phone number: 236-9241
Email: cnaun@hawaii.edu
Effective Date: Fall 2014

Catalog Description

This course will focus on the clinical skills necessary for safe and effective anesthesia and dental prophylaxis of companion animal patients (dogs and cats). Skills such as intravenous catheter placement, endotracheal intubation, patient preparation and monitoring, and dental prophylaxis under general anesthesia will be stressed. The use and side effects of commonly used sedatives, analgesics and anesthetics will be covered. Postoperative procedures include patient monitoring and charting as well as client education for postoperative care. (6 hours laboratory)

Pre-Requisite(s): Admission in the Veterinary Technology program.

Co-Requisite(s): Co-registration in ANSC 261.

Activities Required at Scheduled Times Other than Class Times: Students will be expected to rotate through some duties outside of the scheduled class time. These will include arriving fifteen minutes prior to the beginning of lab to help admit patients and set up; staying after lab to clean up; and returning between 4-6pm to help discharge patients. Expect to be assigned to each of these duties approximately three times. If fulfilling one of these obligations represents an undue hardship, arrangements for accommodations and alternative duty must be made with the instructor by the second week of class.

Students should also note that although the laboratory session is scheduled to conclude at 1:30pm, this is a patient care situation and running late is very common. Students will be required to stay until all their responsibilities for the day are taken care of. Excuses will not be granted for scheduled work, meetings, classes or other commitments. It is suggested that you plan for the lab to take the entire day to avoid having to reschedule other obligations.
Student Learning Outcomes

Upon completion of the course, the student will be able to:

- Safely and effectively manage patients during all phases of anesthetic procedures.
- Safely and effectively select, operate and maintain anesthetic delivery equipment and monitoring instruments.
- Safely and effectively operate and maintain dental equipment.
- Understand and integrate all aspects of patient management for common dental procedures in companion animal species.
- Identify and provide appropriate instruments, supplies and environment to maintain asepsis during dental procedures.

Course Content

- Commonly used anesthesia and dental equipment
- Proper collection and handling of laboratory specimens
- Laboratory safety (OSHA, MSDS)
- Anesthetic protocols
- Anesthetic monitoring
- Dental anatomy of various species
- Dental disease

Course Tasks

- Attend labs weekly as scheduled
- Be familiar with lecture content and other course materials prior to coming to lab
- Complete all required assignments
- Complete all required skills for the course
- Take the midterm laboratory practicum

Assessment Tasks and Grading

METHOD OF GRADING – ANSC 261L

In order to receive a passing grade for ANSC 261L, the student must do all of the following, no exceptions:
- Complete all required assignments
- Take all assessments/practicum
- Have all required clinical skills for the laboratory section in the Accreditation Manager checked off
POINT VALUES

- Employability Skills and Work Ethic (see section under “student responsibilities”) – 100 points
- Clinical Skills – 100 points
- Laboratory exercises and assignments – 100 points
- Practicum – 100 points

Clinical Skills: Students will be graded on clinical competency and improvement throughout the course. Some of the criteria for this score include:

- Performs skills competently and fluently
- Has good knowledge base for skills
- Shows improvement
- Is organized and ready to go
- Does calculations correctly

Assignments: Assignments will be given throughout the course. Each assignment will be clearly labeled if it is required, optional, take-home or in lab, point value etc. Unannounced quizzes may be administered at the beginning of lab to determine whether the student has the necessary knowledge to do a procedure.

Exams: One or more practicums will be given with a total point value of 100. Identification and proper use of dental and anesthetic equipment, proper drawing up and logging of drugs, and other skills will be covered.

GRADING SCALE
Total Points and Grade Equivalent
\[
\begin{align*}
> = 360 & \quad A \\
320-359 & \quad B \\
280-319 & \quad C \\
240-279 & \quad D \\
<240 & \quad F
\end{align*}
\]

Policy on Make-Up Exams:
Students must take the practicum at their scheduled time. Make-Ups cannot be offered. No retests will be given for any reason.

ACADEMIC DISHONESTY
Students involved in academic dishonesty will receive an "F" grade for the course. Academic dishonesty includes cheating on exams and plagiarism. See the 2012-2013 course catalog for a description of the University’s policies concerning academic dishonesty.
**Student Responsibilities**

- The student is expected to participate in all course activities and complete all examinations and course assignments on time.
- Any changes in the course schedule, such as examination dates, deadlines, etc., will be announced ahead of time in class or on the Laulima website. It is the student’s responsibility to be informed of these changes.
- It is the student’s responsibility to be informed about deadlines concerning registration (e.g., last day for withdrawal).
- Communication: The instructor will communicate with students through email, the Laulima website and announcements in lab. It is the student’s responsibility to be informed of any announcements made when the student is absent. Sign up for text announcements by going to http://www.remind.com/join/ansc26
- It is the student’s responsibility to obtain copies of any assignments handed out when the student is absent.
- It is the student’s responsibility to be aware of and follow all rules, policies and procedures as stated in this syllabus, the laboratory handbook, signs posted in the Annex, the WCC Vet Tech Student Handbook (see additional information below), or via other written communication by the instructor. Failure to follow rules, or any UH/WCC policies, will result in a point deduction or failure of the course, as determined by the instructor. The instructor reserves the right to change, modify or add to rules during the semester if deemed necessary. Students will be notified in writing of any changes.
- The student is expected to attend each laboratory session in its entirety (until dismissed by the instructor), participate in all course activities, and complete all examinations and course assignments on time. Cell phones are not to be used during the laboratory unless being utilized directly for patient care (i.e. to look things up, use the calculator or timer, etc.).
- Because dentistry labs involve working with hazardous materials, students MUST wear close-toed shoes. In addition, some lab activities will require students to wear gloves, face masks, and safety glasses (provided by the college). Scrubs are required at all times. Students failing to dress appropriately for lab will not be permitted to participate in laboratory exercises and will be considered absent.
- Students engaged in conduct that threatens themselves or others in the lab will be refused access to the lab for the remainder of the semester and receive an “F” grade for the course.
- Students are expected to be familiar with and follow the Standard Operating Procedures of the WCC Veterinary Technology Program. Violations of the SOP will result in a point deduction from the student’s overall grade for the course. The instructor may also give demerits for such violations as provided for in the Student Handbook.
  - Minor violation – 10 point deduction
  - Major violation – 50 point deduction
  - Second major violation or more than 3 minor violations – “F” grade for course

The student and the Program Director will be notified in writing of any violation resulting in a point deduction.
Employability Skills and Work Ethic

Points will be rewarded based on subjective assessment of the student’s ability to work well with others, maintain a respectful demeanor toward peers and instructors, and fulfill responsibilities.

Behaviors evaluated for this assessment include but are not limited to:

- Takes initiative for own learning.
- Helps out other team members
- Treats all members of the team with respect and courtesy
- Arrives for laboratory promptly and ready to go
- Responds cheerfully when asked to do a task
- Acts professionally and does not complain, gossip or talk about others in the profession (in or outside the program) during class or laboratory
- Accepts constructive criticism
- Follows instructions
- Asks for help or clarification when needed

The final score is completely at the discretion of the instructor; however, students will receive written feedback at the end of the course to provide an opportunity for self-improvement.

Attendance Policy

Attendance to the laboratory is mandatory. If a student has an emergency, they must contact the instructor as soon as possible. Contact information will be shared on the first day of class and it is the student’s responsibility to keep this information if needed. If the student absolutely cannot make it to lab, they MUST arrange to swap with another student to cover their duties. Only ONE excused absence will be granted, and only in the case of documented severely extenuating circumstances. More than one absence from lab for whatever reason will result in an “F” grade for the course.

The following are defined as an unexcused absence:

- Arrival for laboratory more than 15 minutes late without a documented emergency, or for ANY reason without notifying instructor
- Leaving the laboratory session before duties are finished, and without obtaining the permission of the instructor or assistant instructor
- Leaving the laboratory area for any reason without notifying an instructor AND a lab partner
- Failing to show for cleaning, discharge or admission duty

Unexcused absences will result in a point deduction from the student’s overall grade as determined by the instructor, based on the severity of the infraction.

BREAKS: Students are allowed to take short breaks for a maximum of 15 minutes during the laboratory session to eat, smoke, use the restroom etc. provided all of the following conditions are met:
• There are no outstanding duties that need to be completed by the student’s laboratory group at the moment
• The student notifies the instructor or instructor’s assistant AND at least one laboratory partner where they will be

Failure to follow this procedure will result in an unexcused absence.

Learning Resources

**Veterinary Dentistry A Team Approach:** Holmstrom S.E. 2nd Edition, Elsevier Saunders, St. Louis MO

**Clinical Textbook for Veterinary Technicians:** Bassert J.M. and Thomas J.A. 8th Edition, Elsevier Saunders, St. Louis MO


Science Direct: science database available through the library learning commons link from the WCC website or at [http://www.sciencedirect.com/](http://www.sciencedirect.com/)

Veterinary Anesthesia and Analgesia Support Group [http://www.vasg.org](http://www.vasg.org). This is an extensive free resource, geared to the veterinary practitioner and nursing staff, covering all things related to anesthesia of the veterinary patient.

Additional Information

**Laulima:** Your instructor has created a Laulima website to accompany this course. This website contains lecture outlines, copies of course forms and syllabi, and links to on-line learning resources. Students enrolled in ANSC 261/261L are automatically enrolled in the ANSC 261/261L Laulima website. To access, go to https://laulima.hawaii.edu/portal. Login using your UH username and password and click on ANSC 261/261L.

**DISABILITIES ACCOMMODATION STATEMENT**

*If you have a physical, sensory, health, cognitive, or mental health disability that could limit your ability to fully participate in this class, you are encouraged to contact the Disability Specialist Counselor to discuss reasonable accommodations that will help you succeed in this class. Ann Lemke can be reached at 235-7448, lemke@hawaii.edu, or you may stop by Hale ‘Akoakoa 213 for more information.*

Important Dates

August 29th  Last day to drop for 100% refund
September 15th  Last day for 50% refund
October 22-23 Midterm Practicum – No regular lab this week
October 30th  Last day to withdraw with a “W” grade
November 26-27 NO LAB – THANKSGIVING HOLIDAY
December 10-11 Lab Clean-up from 10-12am, Potluck lunch following
Rev. 7/22/14
ANSC 261L  DENTISTRY LAB PROCEDURES

- At 8:30 or when all patients have been dropped off, group meeting will be called by instructor to assign patients to teams and make announcements.
- Students work in assigned groups to perform pre-op physical exam, and run any necessary lab work. To maximize efficiency and keep down time to a minimum, it is important to get any blood running as early as possible.
- While labs are running and patients are waiting for the doctor to examine them, students are to determine ASA status and start gathering the supplies needed for induction and dental prophylaxis. Portable trays will be provided for each patient to help keep supplies in one place. As the course progresses, students will be given additional responsibilities such as drug dose calculation. Worksheets are provided to aid in making calculations and getting organized.
- Once labs are reviewed, get written orders from the doctor for drugs, then draw up and label with patient name and drug name. If time allows, the instructor will discuss the anesthetic protocol and choice of drugs/dosages. Sample anesthetic protocols are provided in the Handbook for reference.
- Procedures will be scheduled taking patient factors into account, but priority will be given to student teams who are ready to go first.
- Each team must fill out discharge orders and fill meds to go home with their patient; wash their instruments; clean up their own messes, and clean the wet table and dental equipment used for their patient.
- When all procedures are finished, one team takes responsibility for general cleanup and restocking; one team is responsible for helping discharge patients in the late afternoon. Students must also take turns being responsible for arriving early and helping to admit and properly label all patients.

- Wednesday students sign up here:  
- Thursday students sign up here:  
LABORATORY SAFETY RULES

• Be familiar with lab safety procedures and take appropriate precautions at all times to ensure the safety of other students, instructors and patients.
• Follow all instructions carefully, especially when hazardous materials are being used.
• Know the locations of important safety equipment: eyewash, safety shower, fire extinguisher, and first aid kit.
• Report ALL injuries, including scratches, needle sticks or ANYTHING that breaks the skin, to the instructor immediately.
• Dress appropriately for lab. Closed-toe shoes are required for ALL labs.
• Report any hazardous conditions (e.g. chemical spills or broken glass) to the instructor immediately.
• NO FOOD, DRINK, SMOKING OR VAPOING ARE ALLOWED IN THE ANNEX
• Chemicals used in lab may be poisonous, corrosive, or flammable. No chemicals, even those known to be safe, should be ingested or touched with un-gloved hands unless you are specifically directed to do so by your instructor.
• Know how to safely operate all lab equipment and tools (e.g., microscopes, scalpels, and hematology supplies). Safe usage will be demonstrated by your instructor.
• Clean all lab supplies and return them to their proper location before leaving lab.
• Treat all organisms, living or dead, with care and respect. Use gloves when handling dissected specimens.
• Place broken glass, sharps, and dissected specimens in the appropriate receptacles (NOT IN THE TRASH!)
• Unless otherwise instructed, chemical wastes should NOT be disposed of down the drain.
• Human and animal tissues and bodily fluids (e.g., saliva and blood) must be disposed of in appropriate bio-hazard containers (NOT IN THE TRASH!).
• Wash your hands immediately following each lab to reduce the possibility of contamination or infection.
• Syringes are not to be detached from needles for disposal. Place the entire needle and syringe in the sharps container.
• Microscope slides, the plastic attachment on IV infusion sets or any non-metal item that can potentially puncture a plastic trash bag must be placed in containers marked "Non-metal sharps.” Any non-metal sharps contaminated with bodily fluids or biohazardous material is to be placed in the regular sharps container.
• If you are unsure about proper safety protocol, ASK.
Anesthesia and Surgery Protocols for ANSC 261L

Examine patient, get TPR. Determine ASA physical status.

**ALL PATIENTS: Draw up 1mg/kg lidocaine and 1mg/kg bupivicaine in same syringe, label with drug contents and patient name. Set aside for local nerve blocks.**

Unless otherwise noted, all premedication or induction combinations can be combined in same syringe.

**Always verify doses with doctor before drawing up drugs**

CAT Protocols

Cat Protocol 1:

Premedicate TTDex (Telazol, Torbutrol, Dexdomitor) at 0.01-0.02 mL/Kg IM

Induction with propofol at 4mg/kg given to effect over 90 seconds
Give buprenorphine at 0.02mg/kg IM after induction

Maintenance on isoflurane titrated to effect

Post Op Give 0.12mg/Kg Buprenorphine SR SQ

*** If needed, reverse Dexdomitor (dexmedetomidine) with Antisedan. Use half dose of total volume TTDex given IM.
Cat Protocol 2:

Premedicate **TTDex** at 0.01-0.02 mL/Kg IM

**Induction** with midazolam at 0.5cc/10lbs and **ketamine** at 0.5cc/10lbs IV TO EFFECT. **Max dose of each drug is 0.5cc.** Combine in single syringe.

**Give** **buprenorphine** at 0.02mg/kg IM after induction

**Maintenance** on **isoflurane** titrated to effect

**Post Op**  Give 0.12mg/Kg **Buprenorphine SR SQ**

Cat Protocol 3:  (For feral cats only)

**Feral cats must NEVER be awake outside of the trap**

**Induction** TTDex at 0.035-0.04mL/Kg IM

Keep patient in quiet, dark environment for 15-20 min
Give additional TTDex if needed

**Maintenance:** Give **buprenorphine** at 0.02mg/kg IM

Intubate and maintain on oxygen; use isoflurane as needed

**Post Op**  Give 0.12mg/Kg **Bupernorphine SR SQ**

*** If needed, reverse Dexdomitor (dexmedetomidine) with Antisedan. Use half dose of total volume TTDex given IM.

Cat Protocol 4:

Premedicate **buprenorphine** 0.02 MG/kg and **acepromazine** 0.025mg/kg IM

**Induction** with midazolam at 0.5cc/10lbs and **ketamine** at 0.5cc/10lbs IV TO EFFECT. **Max dose of each drug is 0.5cc.**

**Maintenance** on **isoflurane** titrated to effect

**Post Op**  Give 0.12mg/Kg **Bupernorphine SR SQ**
DOG Protocols:

Dog Protocol 1:

Premedicate with 0.1mg/kg butorphanol and 0.05mg/kg acepromazine IM or SQ. Maximum dose of acepromazine is 3mg

Induction with ketamine 0.25cc/10lbs and midazolam 0.25cc/10lbs IV.

Maintenance on isoflurane to effect. Give buprenorphine at 0.02mg/kg IM after induction.

Pre or post-op Rimadyl at 1 MG per pound

Dog Protocol 2:

Premedicate Acepromazine 0.01-0.05mg/kg and 0.02mg/kg buprenorphine IM Maximum dose of Acepromazine is 3mg

Induction Propofol 4mg/kg IV to effect over 90 seconds

Maintenance on isoflurane to effect.

Pre or Post Op Rimadyl at 1mg/lb
Dog Protocol 3:

Premedicate **dexmedetomidine** 0.002-0.04mg/kg and **butorphanol** 0.1-0.4mg/kg IM

**Induction** Ketamine 0.25mL/10lbs and **Midazolam** 0.25mL/10lbs IV
Optional: **Buprenorphine** 0.02mg/kg IM after induction

*Maintenance* on **isoflurane** to effect.

**Pre or Post Op** **Rimadyl** at 1mg/lb

Dog Protocol 4:

Premedicate **Midazolam** 0.1 - 0.2 mg/kg and **butorphanol** 0.1-0.4mg/kg IM

**Induction** **Propofol** 4mg/kg IV
Optional: **Buprenorphine** at 0.02mg/kg IM after induction

*Maintenance* **isoflurane** to effect

**Pre or Post Op** **Rimadyl** at 1mg/lb
Sample Protocol Worksheet for ANSC 261L

Patient ID: ____________  Species:____________ Age:_______  Techs:__________

Weight: ____ Kg _____ lbs  Cautions:____________

ASA Status: I  II  III  IV  V

Patient considerations (age, breed, preexisting health conditions, etc):

Labwork (circle): Normal  Abnormal (explain)

Circuit (circle): Rebreather  Nonrebreather  Y tube (if applicable): small  large  N/A

Reservoir bag (Weight in pounds times 30): _______ L  N/A

Oxygen (induction): _______ mL/min
Oxygen (maintenance): _______ mL/min
Oxygen (recovery): _______ mL/min

Fluids: _______ml/kg/hr = ______ mL/hr  ***Reduce rate after one hour, check with doctor

Lidocaine: _______mg _______mL  Bupivicaine: _______mg _______mL  Saline: _______mL

Premedication

Drug 1: ______________  Dose (indicate mg/kg, mL/kg, ml/lb etc): ______________

Concentration:_______ mg/mL  VOLUME:__________ mL

Drug 2: ______________  Dose:________________________

Concentration:_______ mg/mL  VOLUME:__________ mL

Induction

Drug 1: ______________  Dose:________________________

Concentration:_______ mg/mL  VOLUME:__________ mL

Drug 2: ______________  Dose:________________________

Concentration:_______ mg/mL  VOLUME:__________ mL

Maintenance: ISO  NONE
**Other:** (Pain meds, antibiotics)

Drug 1: ___________________ Dose: ___________________

Concentration: _______ mg/mL  **VOLUME:** _______ mL

When to give (i.e. after induction, post op):__________

Drug 2: ___________________ Dose: ___________________

Concentration: _______ mg/mL  **VOLUME:** _______ mL

When to give (i.e. after induction, post op):__________

**EMERGENCY DRUGS:**

Calculate doses, but do not draw up:

- Atropine (.025mg/kg, 0.54mg/mL): ______ mL
- Epinephrine (1mL/20 pounds): ______ mL
- Doxapram (2mg/kg): ______ mL
- Lidocaine (2mg/kg dogs or 0.5mg/kg cats): ______ mL
- Naloxone 0.01-0.02mg/kg: ______ mL
INDUCTION CHECKLIST

☐ ICET: _____ - _____mm
☐ Gauze square
☐ Gauze (for tying)
☐ Induction drugs
☐ O2 is on
☐ Anesthetic machine leak test
☐ Anesthetic machine properly equipped
☐ Lidocaine/bupivacaine (for local nerve blocks)
☐ Lidocaine 0.1mL (for intubating cats)
☐ Laryngoscope
☐ Flush
☐ IV Cath
☐ Eye lubricant
☐ Clippers
☐ Scrub

○ Do you have to go to the bathroom?
Sample Post-Surgical Care Form

Patient:____________________________  Discharge Date:______________________________

Procedure:_______________________________________________________________________

In order to ensure a safe recovery, it is important that these instructions are followed. If you have any questions or concerns, please call, or contact your private veterinarian. Please note that we do not have a full service clinic and cannot do rechecks.

Food and Water

Excessive water or food after anesthetic may cause vomiting – inappetance is common after an anesthetic episode, but appetite should return to normal within the first 24 hours. Because of pre-surgical fasting and medications it is normal for the pet not to defecate for up to 48 hours.

☐ Allow nothing by mouth during the first few hours. A small amount of water may be given 2 hours after returning home or to the shelter. If water is held down, ¼ the normal meal can be fed.
☐ Offer food and water immediately upon returning.
☐ Resume normal water and food consumption on the first full day home following surgery.
☐ Feed canned food (or moisten dry food with warm water) and no hard toys or treats for the next ________ days.

Exercise

Provide a quiet resting area for convalescence following surgery. Keep the animal warm for the next 24 hours. As a precaution, keep away from areas that he/she could fall or be injured.

☐ Restrict all activity for _____ days.
☐ Leash walking is permissible, but DO NOT allow unrestrained running, jumping or playing for 10 days.
☐ Resume normal activity. There is no need for exercise restriction.

Incision

☐ Check the incision at least twice daily. It should appear closed, clean, dry, and free of discharge. Excessive licking or chewing can interfere with healing and should be discouraged.
☐ The e-collar should be worn until the sutures are removed or until the recheck appointment.
☐ Avoid bathing the animal or allowing swimming for 14 days.
☐ Skin sutures are buried beneath the skin and do not require removal.
☐ Oral sutures will dissolve.
☐ Skin sutures/staples are to be removed in 10-14 days by the shelter or a private veterinarian.
☐ Bandage should be removed in ________ day(s). Keep dry and clean and watch for any swelling above or below it.
☐ Recheck with a private veterinarian in _____ days.
☐ Medication(s) dispensed: _____________________________________________________________

Other Instructions:________________________________________________________________
Pre Dental Checklist

Responsibility of the Early/Admissions Team for the Day

Date: ________________

Kennel check:

☐ Name cards on runs/cages
☐ Patients walked
☐ Runs/cages cleaned
☐ Water bowls removed

Induction area check:

☐ SX or dental supplies available – suture, blades, etc.
☐ Emergency medications available
☐ Warming source ON

Anesthesia Machine(s):

☐ O₂ supply ON & quantity sufficient
☐ Scavenge system ON
☐ Soda Lime filled/fresh
☐ ISO filled
☐ Ax Machines attached to \textit{O}_2 source and Leak checked

\textbf{Monitor(s):}

☐ All leads attached and operational
Pre Dental Checklist Per Patient

Each Team Must Complete

Name:__________________________________________

Date:__________

☐ Peri-operative supplies located
  (muzzles, eye lube, clippers, nail trimmers, ear cleaner, etc.)

☐ ID and Procedure confirmed

☐ Weight and TPR recorded

☐ Reservoir bag & breathing system calculated & attached

☐ Fluids calculated & pump set up

☐ Bloodwork run and shown to DVM if done

☐ Patient examined by DVM
☐ Drugs calculated and verified by DVM

☐ Drugs drawn up, labeled, and logged

☐ Pre-meds given

☐ (3) sizes ETTs selected and leak checked

☐ Plug in and pressurize dental machine

☐ Check scaler

☐ Fill distilled water

☐ Fill CLS

☐ Prophy cup and paste

☐ Autoclaved dental tools

☐ Oravet applicator
Post Dental Checklist

Responsibility of the “Clean Up” Team for the Day

Date: ____________

Treatment area check:

☐ Wash and wrap all Instruments

☐ Wipe down all surfaces with Roccal or Dilute Chlorhexidene

☐ All supplies put away

☐ Start surgical laundry

☐ Start autoclave

☐ Anesthesia machines $O_2$ and Vaporizers OFF

☐ $O_2$ supply OFF & quantity noted

☐ Scavenge system OFF

☐ Monitors off and all leads stowed
☐ Radiology shut down
☐ Wet tables cleaned
☐ Dental machines stowed
☐ TX floors swept
☐ TX floors mopped (blue handle mop/bucket)
☐ Trash emptied
☐ Bio trash tied and marked for autoclaving
Post Dental Checklist Per Patient

Each team must complete this list before dismissal

Name:__________________________________________

Date:__________

☐ Patient sternal and temp > 98°

☐ Post-op pain meds given

☐ Catheter removed

☐ Dental machine depressurized

☐ Dental machine turned off

☐ Hand pieces cleaned

☐ Patient clean and brushed

☐ Discharge paperwork filled out

☐ Meds to go home filled

☐ E-collar placed if necessary
Surgery paperwork turned in

**DOGS ONLY**

**ETT SIZE Vs BODY WEIGHT**

<table>
<thead>
<tr>
<th>BODY WEIGHT (Kg)</th>
<th>ETT SIZE (ID, mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>30</td>
<td>14</td>
</tr>
<tr>
<td>35</td>
<td>16</td>
</tr>
<tr>
<td>40</td>
<td>18</td>
</tr>
<tr>
<td>45</td>
<td>20</td>
</tr>
<tr>
<td>50</td>
<td>22</td>
</tr>
<tr>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td>60</td>
<td>26</td>
</tr>
<tr>
<td>65</td>
<td>28</td>
</tr>
<tr>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>75</td>
<td>32</td>
</tr>
<tr>
<td>80</td>
<td>34</td>
</tr>
</tbody>
</table>
American Society of Anesthesiologists (ASA)

Physical Status Classification System

ASA Physical Status 1 - A normal healthy patient

ASA Physical Status 2 - A patient with mild systemic disease (including neonates and geriatric)

ASA Physical Status 3 - A patient with severe systemic disease

ASA Physical Status 4 - A patient with severe systemic disease that is a constant threat to life

ASA Physical Status 5 - A moribund patient who is not expected to survive without surgery
Notes: