

ANSC 271L

Anesthesiology and Surgical Nursing for
Veterinary Technicians
Lab

Course Syllabus & Handbook
Fall 2018

Name:_____

ANSC 271L: Anesthesiology and Surgical Nursing for Veterinary Technicians CRN#64180 and CRN# 64181

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Effective Date: Fall 2018

Catalog Description

This course will focus on the clinical skills necessary for safe and effective anesthesia and surgery of companion animal patients (dogs and cats). Skills such as intravenous catheter placement, proper endotracheal intubation, patient and surgical site preparation, and patient monitoring 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-hour laboratory)

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

Co-Requisite(s): Co-registration in ANSC 271.

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 could include arriving fifteen minutes up to one hour prior to the beginning of lab to help admit patients and set up; staying after lab to clean up or discharging patients. 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 2:45pm, 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.
- Understand and integrate all aspects of patient management for common surgical procedures in companion animal species.
- Identify and provide appropriate instruments, supplies, and environment to maintain asepsis during surgical procedures.

Course Content

- Anesthesia and Anesthetic Monitoring
- Surgical Instruments
- Aseptic Technique
- Surgical Nursing
- Pain Management
- Fluid Therapy

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 271L

In order to receive a passing grade for ANSC 271L, 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 by an instructor *on the day those skills are performed*.

POINT VALUES

- Attendance (see section under “student responsibilities”) – 100 points
- Clinical Skills – 100 points
- Laboratory exercises and assignments (3) – 100 points
- Self-evaluation (pre and post) – 50 points (25 ea.)
- Practicum – 100 points

Additionally, there is a Demerit System described in your Student Handbook 2018-2019.

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

A midterm practicum will be given with a total point value of 100. Identification of surgical instruments, proper use of anesthetic equipment, proper aseptic technique, and other skills will be covered.

SUBJECTIVE ASSESSMENT

Points will be awarded based on two subjective self-assessments of the student during the semester. After your first surgical experience (in all 3 roles), give your honest appraisal of your skill level. (Include your ability to work in a team as well as performance of clinical skills). The final assessment will be due on the final day of lab. The score is completely at the discretion of the instructor.

GRADING SCALE

Total Points and Grade Equivalent

≥ 405 A

360-404 B

315-359 C

250-314 D

≤ 249 F

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 2018-2019 course catalog for a description of the University's policies concerning academic dishonesty.

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.

TITLE IX

Title IX prohibits discrimination on the basis of sex in education programs and activities that receive federal financial assistance. Specifically, Title IX prohibits sex discrimination; sexual harassment and gender-based harassment, including harassment based on actual or perceived sex, gender, sexual orientation, gender identity, or gender expression; sexual assault; sexual exploitation; domestic violence; dating violence; and stalking. For more information regarding your rights under Title IX, please visit: https://windward.hawaii.edu/Title_IX/.

Windward Community College is committed to the pursuit of equal education. If you or someone you know has experienced sex discrimination or gender-based violence, Windward CC has resources to support you. To speak with someone confidentially, contact Karla Silva-Park, Mental Health Counselor, at 808-235- 7468 or karlas@hawaii.edu or Kaahu Alo, Designated Confidential Advocate for Students, at 808-235- 7354 or kaahualo@hawaii.edu. To make a formal report, contact the Title IX Coordinator at 808-235-7393 or wcctix@hawaii.edu.

ATTENDANCE POLICY

Attendance to the laboratory is mandatory.

Only **one excused** absence is permitted. If a student has an emergency or is too ill to come to lab, they must contact the instructor and at least one team member as soon as possible. A doctor's note or other documentation of extenuating circumstances will be required for any absence within 48 hours of returning to class. Any additional absence will result in failure of the course.

Tracking

Attendance will be monitored using the AVImark practice management software during the semester. It is the student's responsibility to remember to clock in and out of lab. If the student forgets to clock in, it will be assumed they were tardy/absent.

Tardiness

Students arriving more than ten minutes late (after 9:10) must contact the instructor (by text) and a team member as soon as they know they will be this late. It is up to the student to make up the missed work to teammates (i.e. take on an extra duty). The team should discuss with the instructor if an agreement cannot be reached. Points will be deducted for tardiness: 5 points for each time the student is tardy by 5 minutes or less; 10 points for each tardy between 5 and 15 minutes late; 15 points for being tardy greater than 15 minutes.

Penalties – Deduction from attendance grade:

Failure to contact team and instructor in case of absence or tardiness – 15 points

Failure to provide documentation for an excused absence – 15 points

Tardiness (see above)

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 the above procedure falls under the demerit system.

Dismissal

The instructor must review and approve paperwork before the team is dismissed for the day. Failure to follow the above procedures will result in 50-point reduction from the grade.

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.
- 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, or via other written communication by the instructor. Failure to follow rules, or any UH/WCC policies, will result in a point deduction, demerits, 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.).**
- 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 points deducted from the student's overall grade for the course.

The student will be notified in writing of any violation resulting in a point deduction and/or demerits given.

LEARNING RESOURCES

REQUIRED

A wrist watch with second hand or digital second reading.

Anesthesia and Analgesia for Veterinary Technicians: Thomas, J. and Lerche, P. Elsevier Mosby, St. Louis, MO. 5th Edition.

RECOMMENDED

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/science/jrnallbooks/sub/vetscimed/all/fulltext>

Veterinary Anesthesia and Analgesia Support Group <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.

Paperwork Required for Each Lab (see examples)

The following forms must be filled out **completely** for each patient:

- Anesthesia Release Form
- Physical Exam and Procedure Report Form
- Anesthesia Monitoring Form
- Post-Surgical Care Form

Check for:

- Patient Record # on each form
- The date must be DD/MM/YYYY
- All vet techs assigned to a procedure must be listed on the anesthesia form by first initial and last name.
- Each blank or box must be filled in or marked as n/a
- Drugs and Medication must always include dose, route, and time given

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. To access, go to <https://laulima.hawaii.edu/portal>. Login using your UH username and password and click on ANSC 271/271L.

ANSC 271 L SURGERY LAB PROCEDURES

- o At 9:00am or when all patients have been dropped off, group meeting will be called by instructor to assign patients to teams and make announcements
- o Students work in assigned teams to perform pre-op physical exam and to run any necessary lab work.
 - **Please check with instructor before performing lab work.** Animals seven and older will have labs done routinely; younger animals will be tested if medically indicated, though usually a minimum of PCV/TP and BG is performed.
- o Students will divide duties for the day as follows: circulating nurse, scrub nurse, and anesthetist. (There are name tags to identify your role). Each student should take on each role at least three times. A complete list of responsibilities is on the following page.
 - The circulating nurse
 - The anesthetist (Two, if extra students in the group)
 - The scrub nurse
- o Students are to determine **ASA status** and start gathering the supplies needed for induction and surgery. Portable trays will be provided for each patient to help keep supplies in one place. Teams will select an anesthesia protocol and do the necessary calculations after approval from the instructor. **Induction agents will be determined at the beginning of class.**
- o Once any labs are reviewed and drug protocols/calculations are approved by the veterinarian, students will assist in drawing up and **labeling** drugs with patient name, drug name and quantity and recording them in the controlled (mock) drug log as necessary.
- o Procedures will be scheduled taking patient factors into account, but priority will be given to student teams who are ready to go first.
- o 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 their equipment and OR/recovery before dismissal.
- o When all procedures are finished, an assigned group will take responsibility for general cleanup and restocking. Everyone will assist in these duties when all animals are stable and paperwork is complete.
(There will be a posted schedule)

ANSC 271 LAB DUTIES - Students will divide duties for the day as follows:

Circulating nurse, scrub nurse, and anesthetist. Each student should take on each role at least three times. Though you will all be in designated roles, you need to work as a **TEAM*** and help each other out. **All group members need to participate in patient care and physical exam, blood-work, setting up, cleaning the annex, laundry, and preparing, folding and rewrapping gowns, packs and other supplies. Also –PLEASE use the checklists provided so you all are properly prepared. *(Remember there's no 'I' in TEAM ☺)**

FOR CLARIFICATION, HERE ARE THE **PRIMARY DUTIES/RESPONSIBILITIES** OF EACH OF THE 3 ROLES. HOWEVER, ALL TEAM MEMBERS SHOULD BE OBSERVING & PARTICIPATING IN EACH ACTIVITY (i.e. calculating drugs, gathering supplies) IF IT DOES NOT CONFLICT WITH THEIR OWN DUTIES.

The circulating nurse will be responsible for:

- Responsible for restraint during catheter placement and intubation; and monitoring the animal until the anesthetist has completed induction/intubation
- Clipping and preparing the surgical site – including blocking the surgery sites
- Giving any peri-operative medications; i.e. antibiotics, pain medications (NSAIDs, etc...)
- Cleaning and resetting the induction area after prior patient is moved to OR (for the first team of the day)**
- The circulating nurse cleans the induction area after the very last patient goes into the OR (for the last team of the day)** (**these are rotating duties with the other circulating nurses)
- opening and passing supplies to the scrub team
- Assisting the scrub team and anesthetist as needed (including getting medications, supplies, and helping move patient to and from OR)

The anesthetist(s) is/are responsible for:

- Calculating drug dosages, IV fluid rate, etc...
- Labeling syringes and pulling up controlled drugs with the DVM or Vet Tech; other group members can help with pulling up other drugs (non-controlled) in properly labelled syringes
- Induction – giving pre-meds, intubating the patient, inducing general anesthesia & monitoring
- Monitoring and maintaining of anesthesia (this includes filling out the anesthesia form/record & administering/monitoring IV fluids)
- Moving the patient to OR and to recovery – this includes extubating the patient
- Monitoring the patient post-op – this includes taking the patients post-operative TPR parameters and recording them
 - 2 group/team members need to be with the patient at all times in recovery
- Removing catheter when DVM has approved removal, placing the temporary pressure wrap
- Removing the pressure wrap

The scrub nurse

- Place the IV catheter – 2 attempts
- Scrub in with the doctor and assist in surgery
- Clean and reset the OR once the patient is moved to recovery
- Wash surgical instruments
- Fill out discharge papers & complete surgery report with DVM
- Make copies of appropriate paperwork (discharge paperwork) for owner/client
- Fill medications to go home

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. Fill out 'Incident' form if instructor determines it is necessary.
- Dress appropriately for lab. Closed-toe shoes and scrubs are required for ALL labs.
- Caps and masks must be worn when entering the OR. No nail polish or dangling jewelry may be worn in the OR.
- Report any hazardous conditions (e.g. chemical spills or broken glass) to the instructor immediately.
- NO FOOD, DRINK, SMOKING OR VAPING 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. **Controlled substances** which are drawn up, but not used, will be instilled in cat litter in the container marked for this purpose.
- 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. Needles must be recapped using the approved SOP.
- Microscope slides and empty medication bottles are placed in the sharps container.
- 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 271L

Examine patient, get TPR. Determine ASA physical status.

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

Premedication – Choose one Combination:

1. Buprenorphine 0.02mg/kg and Acepromazine 0.06mg – 0.1mg/kg IM
2. Buprenorphine 0.02mg/kg and Midazolam 0.4mg/kg IM
3. Buprenorphine 0.02mg/kg and Dexmedetomidine* 0.002 – 0.01mg/kg IM

* If needed, reverse Dexmedetomidine with Antisedan. Use same volume as dexmedetomidine and give IM. Can be given IV in an emergency. Draw up proper quantity and have ready.

Induction – Choose one:

1. Propofol at 4mg/kg given IV **to effect** over 90-120 seconds
2. Alfaxalone at 2-5mg/kg given IV **to effect** over 90-120 seconds
3. Ketamine and Midazolam at 0.5ml/10lbs of each drug (MAX 0.5 total of each)

Maintenance on isoflurane (propofol) titrated to effect

Analgesic/Pain medication: Give **Onsior** (robenacoxib) 2mg/kg SQ

(May be given pre or post-op, depending on patient or procedure)

******* For cats/kittens <4months old and <5.5 lbs; give: **Simbadol** 0.24mg/kg post-op

Feral or Fractious Cat Protocol:

Feral cats must NEVER be awake outside of the trap

Premedication: None

Induction: "Kitty Magic" – use all of the following, given together IM

Buprenorphine: 0.1ml/10lbs (of 0.3mg/ml)

Ketamine: 0.1ml/10lbs

Dexmedetomidine*: 0.1ml/10lbs

* If needed, reverse Dexmedetomidine with Antisedan. Use same volume as dexmedetomidine and give IM. Can be given IV in an emergency. Draw up proper quantity and have ready.

Maintenance on isoflurane titrated to effect

Analgesic/Pain medication: Give **Onsior** (robenacoxib) 2mg/kg SQ
(May be given pre or post-op, depending on patient or procedure)

*** For cats/kittens <4months old and <5.5 lbs; give: **Simbadol** 0.24mg/kg post-op

DOG Protocols:

Premedication - Choose One Combination:

1. Butorphanol 0.2-0.4mg/kg and Acepromazine** 0.01-0.05 mg/kg IM
2. Butorphanol 0.2-0.4/kg and Dexmedetomidine* 0.002-0.005mg/kg and Midazolam 0.2-0.4mg/kg IM
3. Butorphanol 0.2-0.4 mg/kg and Midazolam 0.2mg/kg IM

** Maximum dose of acepromazine is 3mg

* If needed, reverse Dexmedetomidine with Antisedan. Use same volume as dexmedetomidine and give IM. Can be given IV in an emergency. Draw up the proper quantity and have ready.

Induction - Choose One:

1. Propofol at 4mg/kg given IV to effect over 90-120 seconds
2. Alfaxalone at 2-5mg/kg given IV to effect over 90-120 seconds
3. Ketamine and Midazolam at 0.25mL/10lbs of each drug IV

Maintenance on isoflurane to effect.

Analgesia/Pain meds: Rimadyl 1 MG per pound (or 2.2mg/kg)

SQ Or Meloxicam 0.1 - 0.2 mg/kg SQ

(May be given pre or post-op, depending on patient or procedure)

For nervous or fearful (aggressive) dogs and/or an additional anesthetic protocol, see attached 'Doggie Magic' dose chart.

INDUCTION CHECKLIST

- ETT: _____ - _____mm
- Gauze square(s)
- Gauze or IV line tube (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 Catheter(s)
- Porous tape
- Vet wrap
- Eye lubricant
- Clippers
- Scrub
- Do you have to go to the bathroom?

Pre Surgery Checklist

Kennel check:

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

Induction area check:

- SX supplies available – suture, blades, drape, pack, gowns, gloves, trash receptacles
- Emergency medications available
- Warming sources ON

Anesthesia Machine(s):

- **O₂** supply ON & quantity sufficient
- Scavenge system ON
- Soda Lime filled/fresh
- ISO filled
- Ax Machines attached to **O₂** source and Leak checked

Monitor(s)

All leads attached and operational

Post Surgical Checklist

- Wash and wrap all Instruments
- Wipe down all surfaces with Roccal or Trifexis
- All supplies put away
- Start surgical laundry
- Start autoclave
- Anesthesia machines **O₂** and Vaporizers OFF
- **O₂** supply OFF & quantity noted
- Scavenge system OFF
- Monitors off and all leads stowed
- Radiology shut down
- Wet tables cleaned
- TX floors swept
- TX floors mopped (blue handle mop/bucket)
- Trash emptied **and** Bio trash twist-tied loosely
and marked for autoclaving

Pre Surgery Checklist Per Patient

- Perioperative 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
- Walk dog before premedication
- Pre-meds given
- (3) sizes ETTs selected and leak checked

Post Surgery Checklist Per Patient

- Patient sternal and temp > 98°
- Post-op pain meds given
- Catheter removed
- Patient clean and brushed
- Discharge paperwork filled out
- Meds to go home filled
- E-collar placed if necessary
- Surgery paperwork turned into instructor
- **PRESSURE WRAPS REMOVED**

Table 1. Doggie magic combination for light and mild sedation-premedication

Dexdomitor-Opioid-Ketamine-Sedation/analgesia In Dogs					
		Light Sedation		Mild sedation	
Dog Weight		Dexdomitor 62.5 mcg/m2 IM		Dexdomitor 125 mcg/m2 IM	
Lbs	Kg	mcg/kg	Dexdomitor ml	mcg/kg	Dexdomitor ml
4-7	2-3	4.7	0.02	9.4	0.04
7-9	3-4	4.15	0.025	8.3	0.05
9-11	4-5	3.85	0.035	7.7	0.07
11-22	5-10	3.25	0.05	6.5	0.10
22-29	10-13	2.8	0.065	5.6	0.13
29-33	13-15	2.6	0.075	5.2	0.15
33-44	15-20	2.45	0.085	4.9	0.17
44-55	20-25	2.25	0.10	4.5	0.20
55-66	25-30	2.1	0.115	4.2	0.23
66-73	30-33	2.0	0.125	4.0	0.25
73-81	33-37	1.95	0.135	3.9	0.27
81-99	37-45	1.5	0.15	3.7	0.30
99-110	45-50	1.75	0.165	3.5	0.33
110-121	50-55	1.7	0.175	3.4	0.35
121-132	55-60	1.65	0.19	3.3	0.38
132-143	60-65	1.45	0.20	3.2	0.40
143-154	65-70	1.41	0.21	3.1	0.42
154-176	70-80	1.5	0.225	3.0	0.45
>176	>80	1.31	0.235	2.9	0.47

Use opioid and ketamine- in an identical injection volume as Dexdomitor shown in the table. Choice of opioid-

- 1) **Butorphanol** (10 mg/mL) or
- 2) Hydromorphone (2 mg/mL) or
- 3) Morphine (15 mg/mL) or
- 4) Buprenorphine (300 mcg/mL should be given 15 minutes ahead of Dexdomitor to take full advantage of sedation-analgesia

Table 2. Doggie magic combination –Moderate –Profound sedation

Dexdomitor-Opioid-Ketamine Sedation/Anesthesia In Dogs					
		Moderate Sedation		Profound sedation	
Dog Weight		Dexdomitor 250 mcg/m2 IM		Dexdomitor 375 mcg/m2 IM	
Lbs	Kg	mcg/kg	Dexdomitor ml	mcg/kg	Dexdomitor ml
4-7	2-3	20	0.08	28.1	0.12
7-9	3-4	16.6	0.10	25.0	0.15
9-11	4-5	15.5	0.14	23.0	0.20
11-22	5-10	13.3	0.20	19.6	0.29
22-29	10-13	10.8	0.26	16.8	0.38
29-33	13-15	10.7	0.30	15.7	0.44
33-44	15-20	9.7	0.34	14.6	0.51
44-55	20-25	8.9	0.40	13.4	0.60
55-66	25-30	8.4	0.46	12.6	0.69
66-73	30-33	7.9	0.50	12.0	0.75
73-81	33-37	7.7	0.54	11.6	0.81
81-99	37-45	7.5	0.60	11.0	0.90
99-110	45-50	6.9	0.66	10.5	0.99
110-121	50-55	6.6	0.70	10.1	1.06
121-132	55-60	6.6	0.76	9.8	1.13
132-143	60-65	6.4	0.80	9.5	1.19
143-154	65-70	6.2	0.84	9.3	1.26
154-176	70-80	6.0	0.90	9.0	1.35
>176	>80	5.8	0.94	8.7	1.42

Use opioid and ketamine- in an identical injection volume as Dexdomitor shown in the table. Choice of opioid-

- 1) Butorphanol (10 mg/mL) or
- 2) Hydromorphone (2 mg/mL) or
- 3) Morphine (15 mg/mL)- may induce more frequent vomiting response than other opioids.
- 4) Buprenorphine (300 mcg/mL), buprenorphine should be given 15 minutes ahead of Dexdomitor to take full advantage of sedation-analgesia

Table 3. Doggie magic combination- surgical injectable combination

Dexdomitor-Opioid-Ketamine Anesthesia-Analgesia In Dogs					
		Invasive procedures		Invasive procedures	
Dog Weight		Dexdomitor 250 mcg/m ² IV		Dexdomitor 500 mcg/m ² IM	
lbs	kg	mcg/kg	Dexdomitor ml	mcg/kg	Dexdomitor ml
4-7	2-3	20	0.08	40.0	0.15
7-9	3-4	16.6	0.10	35.0	0.20
9-11	4-5	15.5	0.14	30.0	0.30
11-22	5-10	13.3	0.20	25.0	0.40
22-29	10-13	10.8	0.26	23.0	0.50
29-33	13-15	10.7	0.30	21.0	0.60
33-44	15-20	9.7	0.34	20.0	0.70
44-55	20-25	8.9	0.40	18.0	0.80
55-66	25-30	8.4	0.46	17.0	0.90
66-73	30-33	7.9	0.50	16.0	1.00
73-81	33-37	7.7	0.54	15.0	1.10
81-99	37-45	7.5	0.60	14.5	1.20
99-110	45-50	6.9	0.66	14.0	1.30
110-121	50-55	6.6	0.70	13.5	1.40
121-132	55-60	6.6	0.76	13.0	1.50
132-143	60-65	6.4	0.80	12.8	1.60
143-154	65-70	6.2	0.84	12.5	1.70
154-176	70-80	6.0	0.90	12.3	1.80
>176	>80	5.8	0.94	12.0	1.90

Use opioid and ketamine- in an identical injection volume as Dexdomitor shown in the table. Choice of opioid-

- 1) **Butorphanol** (10 mg/mL) or
- 2) Hydromorphone (2 mg/mL) or
- 3) Morphine (15 mg/mL) or 4) Buprenorphine (300 mcg/mL), buprenorphine should be given 15 minutes ahead of Dexdomitor to take full advantage of sedation-analgesia

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

271L Lab Schedule: Subject to Change

Date	Class
August 21 & 24	Safety and PPE, Lab Handbook, Signage/Checklists, Surgical Stations & Workflow, Instruments, Pack Wrapping, Suture Patterns
August 28 & 31	Surgical Assisting Prep (hand washing, gowning), Open and Closed Gloving, Gown wrapping, Anesthesia Machine
September 4 & 7	At least 3 surgeries
September 11 & 14	At least 3 surgeries
September 18 & 21	At least 3 surgeries
September 25 & 28	At least 3 surgeries
October 2 & 5	At least 3 surgeries
October 9 & 12	At least 3 surgeries
October 16 & 19	At least 3 surgeries
October 23 & 26	Practicum

Oct 30 & Nov 2	At least 3 surgeries
November 6 & 9	Tuesday Election / Friday lab only
November 13 & 16	At least 3 surgeries
November 20 & 23	Thanksgiving No labs
November 27 & 30	At least 3 surgeries
December 4 & 7	Tuesday lab only / Last Day of Instruction is 12/6

Lab clean-up: 12/5 – (2) groups 8:30 – 10:00am
1:00 – 2:30pm

Revised 8/20/18