<table>
<thead>
<tr>
<th>Category</th>
<th>Roles</th>
</tr>
</thead>
</table>
| **Appointments/Initial Assessments** | **CSR:**  
  • Obtains initial information, reason for visit, previous medical records |
|                                | **CrVT (with VA):**  
  • Collect data  
  • Obtain the relevant history  
  • Perform initial triage  
  • Note problems found  
  • Create preliminary diagnostic plan (i.e., if patient is pale, order CBC)  
  • Start basic level of care or initial diagnostics (i.e., collect ear swab samples for cytology)  
  • Present case to veterinarian |
|                                | **Veterinarian & CrVT:**  
  • Patient assessment and agreement/prioritization of problem list |
|                                | **Veterinarian**  
  • Gives presumptive or working diagnosis  
  • Creates therapeutic plan and recommendations  
  • Predetermines case management check-ins with CrVT  
  • Writes prescriptions and/or performs surgery |
|                                | **CrVT & Team:**  
  • CrVT creates and facilitates nursing plan  
  • CrVT develops and facilitates/delegates patient discharge information and keys to clinical outcome success  
  • CrVT sets and performs follow up & recheck appts |
| **Initial Assessments/ Emergency Situations** | **CSR:**  
  • Obtains initial information, reason for visit, previous medical records |
|                                | **CrVT (with VA):**  
  • Collect data  
  • Obtain the relevant history  
  • Initial triage and patient assessment  
  • Note problems found  
  • Create therapy plan based on agreed protocolized medicine (algorithm) (SOPs, i.e., if/then steps)  
  • Order diagnostics (i.e., if patient is pale, order CBC)  
  • Initiate basic level of care (i.e., if patient is blue, start oxygen)  
  • Present case to veterinarian |
|                                | **Veterinarian & CrVT:**  
  • Patient assessment and agreement/prioritization of problem list |

(Continued on next page)
### TABLE 5.2: Standardized Workflow for Optimal Utilization, Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Roles</th>
</tr>
</thead>
</table>
| **Initial Assessments/ Emergency Situations, Continued** | **Veterinarian:**  
  - Gives presumptive or working diagnosis  
  - Creates therapeutic plan and recommendations  
  - Predetermines case management check-ins with CrVT  
  - Writes prescriptions and/or performs surgery  

  **CrVT (with VA):**  
  - Carries out diagnostics and therapeutic plan  

  **CrVT & Team:**  
  - CrVT creates and facilitates nursing plan  
  - CrVT develops and facilitates/delegates patient discharge information and keys to clinical outcome success  
  - CrVT sets and performs follow up & recheck appts  

| **Anesthesia and Surgery**                        | **CrVT:**  
  - Conducts patient assessment  
  - Initial pain score  
  - Prepares anesthesia/analgesia protocol (as per protocol(algorithm)/veterinarian direction)  
  - Creates surgical plan  
    - Equipment  
    - Preoperative preparation  
    - Monitoring  
    - Incision documentation  
    - Postoperative pain score  

  **Veterinarian:**  
  - Performs surgery  

  **CrVT:**  
  - Monitors anesthesia and pain  
  - Incision documentation and surgical record keeping  
  - Postoperative pain score  
  - Facilitates nursing care with team  
  - Communicates patient updates to clients  
  - Prepares and gives discharge instructions  
  - Creates a follow up and recheck appointment plan  

| **Triage & Teletriage* (with established VCPR)** | **All Team Members:**  
  - Demonstrate a clear understanding of definitions for Telehealth/Triage/VCPR  
  - See the AAHA/AVMA Telehealth Guidelines at aaha.org/telehealth for definitions and more information.  

(Continued on next page)
## TABLE 5.2: Standardized Workflow for Optimal Utilization, Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Roles</th>
</tr>
</thead>
</table>
| **Triage & Teletriage, Continued* (with established VCPR)** | **CSR:**  
• Initial response (collects signalment and historical information); or  
• Automated information collection for what can be collected  
**CrVT:**  
• Performs teletriage:  
  • Asks questions to collect more clinical information, photos, and video  
  • Uses critical thinking skills to ask differentiating questions  
  • Synthesizes generalized problem list  
  • Makes recommendation on action: ER, schedule in-person appointment with veterinarian, home care/education, and/or builds plans from SOPs previously approved by a veterinarian  
**Veterinarian:**  
• Diagnoses problem and reviews tests  
• Prescribes treatment  
**CrVT:**  
• Schedules necessary tests, communicates with client, performs treatments, prepares discharge & educational information for client  
• Prepares follow up plan  
**CSR:**  
• Schedules telehealth appointment with CrVT based on treatment or discharge plans  
**CrVT:**  
• Performs telehealth appointments remotely—can include:  
  • Post-operative rechecks (such as incision checks)  
  • Post diagnosis  
  • Check ins for chronic diseases/senior pet care  
    • Restates disease pathophysiology  
    • Restates outcome/prognosis discussions  
    • Reinforces the timing of repeat labs & reasoning for continued monitoring  
    • Schedules appointments for sample collection when deemed necessary  
  • Reinforces medication expectations/compliance and discusses:  
    • Challenges to compliance  
    • Lifestyle changes  
    • Exercise routines  
    • Nutrition  

*See also Resources at aaha.org/technician-utilization

CBC, complete blood count; CSR, client service representative; CrVT, credentialed veterinary technician; VA, veterinary assistant; VCPR, veterinarian-client-patient relationship

**The 2023 AAHA Technician Utilization Guidelines are available at aaha.org/technician-utilization.**

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2023 AAHA.