

# Common Veterinary ER Cases in General Practice

Stressed out by ER cases? Start with these tips and read the article "STAT! Tips for Treating and Transferring Emergency Cases in General Practice" at [aaha.org/NEWStat](http://aaha.org/NEWStat).

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## Respiratory distress: "Look and listen!"

- Look at your patient's **breathing pattern** and **listen to their lungs** to try to localize the source of their distress.
- Handle patients minimally.
- Give **oxygen** and **sedation** (if needed) and do not rush into radiology.
- It is OK to tap the chest or give medication such as **furosemide** based on clinical suspicion.

## Blocked cats: "Fluids and pain medication."

- Try to **unblock your patient** before transferring them (if applicable), paying close attention to **their heart rates**.
- If you have to transfer them before unblocking them, consider performing a **decompressive cystocentesis**.



## Trauma: "Stabilize respiratory and cardio systems first."

- Don't forget to **check blood pressure**.
- **Resuscitate** hypotensive patients, being careful to aim for a lower blood pressure that maintains perfusion to vital organs but won't disrupt a clot.

## Tips for Preparing ER Cases for Transfer

- Placing an **IV catheter**, giving a **fluid bolus and/or pain medication** (if indicated) before transfer can often make a huge difference.
- Provide a **list of medications and fluids given** (along with their doses and administration times).
- Provide copies of any **diagnostic test results**.
- Even if the whole **medical record** isn't complete, a short note with the most important information can save time and prevent clients from spending more money to repeat testing unnecessarily in the ER.



*Please note: These tips are meant as inspiration only and should not be construed as dictating an exclusive protocol, course of treatment, or procedure.*