

Outpatient Canine Parvovirus Treatment Protocol



1. Canine Parvovirus Positive Patient Identified:

- a. Clinical signs and history consistent with a diagnosis of canine parvovirus
- b. IDEXX SNAP Parvo test positive (rectal swab)

2. Triage Patient:

- a. Patients who are not in hypovolemic shock will be offered the outpatient protocol.
 - i. Hypovolemic shock is defined as having 5 or more of the following criteria:
 - 1. Cold extremities
 - 2. Dehydration > 8%
 - 3. Poor pulse quality
 - 4. Heart rate > 180 bpm
 - 5. Capillary refill time (CRT) > 2 seconds
 - 6. Obtunded/stuporous mentation
 - 7. Temperature > 39.4°C (103.0°F) or < 36.7°C (98.0°F)
- b. Patients who present in hypovolemic shock may be:
 - i. Admitted for in-patient treatment protocol
 - ii. Referred to a full-service veterinary hospital
 - iii. Offered euthanasia

3. Outpatient Treatment Instructions for Owners:

- a. Visit clinic once daily for an average of 3-4 days (may be shorter or longer)
- b. Administer SQ fluids at home — owner will receive instructions and supplies
- c. Administer oral medications for treatment days
- d. Monitor at home daily
- e. Keep patient clean, dry, warm, quiet
- f. Keep track of everything
- g. Feeding:
 - i. Offer boneless skinless boiled chicken and rice or prescribed diet
 - ii. Do not force-feed
- h. Allow free access to water:
 - i. Supplement with plain Pedialyte
 - ii. Do not force patient to drink
- i. Must keep pet inside:
 - i. No walks or going in yard
 - ii. Sanitize house, clothes, bedding, soiled linens using 1:32 bleach solution
- iii. Discuss contagiousness to other dogs
 - 1. Isolate from other dogs in house/neighborhood
 - 2. Fecal shedding 4 weeks
 - 3. Survival in environment 5-7 months
- j. Recommend DA2PP vaccines when recovered

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4. Initial Outpatient Treatments:

- a. Convenia (cefovecin): 8 mg/kg SQ
- b. Pyrantel pamoate (if not vomiting): 10 mg/kg (0.1 mL/lb) PO
- c. Cerenia (maropitant): 1 mg/kg SQ
- d. Famotidine (if not eating): 1 mg/kg SQ
- e. Crystalloid fluid therapy
 - i. AM visit: 40mL/kg (adjust as needed by attending DVM)
 - ii. PM visit: 60mL/kg (adjust as needed by attending DVM)
- f. Buprenorphine: 0.02 mg/kg IM if patient experiencing abdominal pain (whining on expiration, irregular shallow breathing, abdominal guarding and tenderness)
- g. Instruction on administering SQ fluids at home and dispense supplies

5. Follow-up – Once Daily Outpatient Visits:

- a. Review History:
 - i. Progress
 - ii. Food/water intake
 - iii. Eliminations
 - iv. Vomiting
- b. Physical Exam
- c. Evaluate patient's progress:
 - i. If signs are resolving, withhold all medications and fluids and evaluate for recovery in 24 hours as defined below
 - ii. If stable with continuing signs, continue treatments
 - iii. If the patient's condition deteriorates, jump to "Failure to Respond to Treatment" section
- d. Treatments Days Clinic is Open:
 - i. Morning treatments
 1. Cerenia (maropitant): 1 mg/kg SQ SID
 - a. If patient is not adequately responding to Cerenia, Zofran (ondansetron) may be given at 0.5mg/kg sublingual q 8 hours
 2. Famotidine (if not eating): 1 mg/kg SQ SID
 3. Crystalloid fluid therapy:
 - a. 40mL/kg (adjust as needed by attending DVM)
 - b. If part or all of the previous dose of SQ fluids remains at the next treatment, give partial dose of SQ fluids (subjectively determined) or withhold additional SQ fluids
 4. Buprenorphine: 0.02 mg/kg IM if patient experiencing abdominal pain (whining on expiration, irregular shallow breathing, abdominal guarding and tenderness)
 5. Schedule next treatment
 - ii. Evening treatment at home to be administered by owner:
 1. Crystalloid SQ fluid therapy — as directed

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5. Follow-up Once Daily Outpatient Visits (continued):

e. Treatments on Days on the Clinic is Closed:

i. If the patient is referred to a partner clinic, continue the same treatment plan:

1. Cerenia (maropitant): 1 mg/kg SQ SID

a. If the patient is not adequately responding to Cerenia, Zofran (ondansetron) may be given at 0.5mg/kg sublingual q 8 hours

2. Famotidine (if not eating): 1 mg/kg SQ SID

3. Crystalloid fluid therapy:

a. 40mL/kg (adjust as needed by attending veterinarian)

b. If part or all of the previous dose of SQ fluids remains at the next treatment, give a partial dose of SQ fluids (subjectively determined) or withhold additional SQ fluids.

4. Buprenorphine: 0.02 mg/kg IM if patient experiencing abdominal pain (whining on expiration, irregular shallow breathing, abdominal guarding and tenderness)

5. Schedule next treatment

6. Evening treatment at home to be administered by the owner:

a. Crystalloid SQ fluid therapy — as directed

ii. If the owner will be providing all treatment at home on days that CVC is closed:

7. Crystalloid SQ fluid therapy — twice daily as directed

a. Oral Cerenia (maropitant): 2 mg/kg PO SID or Zofran (ondansetron) at 0.5mg/kg sublingual q 8 hours

8. Oral Famotidine (if not eating): 1 mg/kg PO BID

6. Recovery— Established by final recheck or phone conversation with owner:

- a. Resolution of vomiting for 24 hours
- b. Return of stool to normal consistency
- c. Return of appetite
- d. Normal energy level

7. Failure to Respond to Treatment:

a. Defined by:

- i. Development of neurological symptoms (seizures, inappropriate vocalization)
 - ii. Suspicion of aspiration pneumonia
 - iii. Intussusception
 - iv. Decline in mentation to stuporous/obtunded
 - v. Decline in body condition, based on physical examination findings
 - vi. No interest in eating or drinking
 - vii. Uncontrolled hemorrhagic diarrhea
 - viii. Intractable emesis
 - ix. Dehydration >10% for 2 consecutive appointments
- b. Once determined the patient failed the Outpatient Protocol, attending veterinarian recommends the patient continue more intensive treatment in an inpatient setting or be humanely euthanized.

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