

Upcoming ASPCApro Webinars

aspcapro.org/webinars

- **Private Practice Veterinarians and Animal Welfare Organizations**
July 25
- **Daily Rounds: How to Decrease Length of Stay**
July 31
- **Funding Your Spay/Neuter Program**
August 20
- **ASPCA Spay/Neuter Grants: A More Targeted Approach** August 27

Your Presenters



Aimee Christian

Vice President, Spay/Neuter Operations
ASPCA



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Director of Surgery
ASPCA

ASPCA National Spay/Neuter Project

snproject@aspca.org

Spay/Neuter Programs: What You Need to Succeed



Models of low-cost, high-quality, high volume spay/neuter (HQHVSN)



- Stationary
- Mobile
- MASH
- In-clinic
- Voucher

Stationary Clinic

Good for:

Areas with large populations
Transport programs

Pros:

Can do highest volume
Can be self-sustaining

Cons:

Expensive to open
Hard to target without transport



MASH clinics

Good for:

- Areas with smaller populations
- Specific populations
(ie feral cat day, pit-bull-paloozas)
- Hard to reach areas

Pros:

- Very portable
- Flexible – can be FT or PT;
one surgeon or many
- Less expensive than stationary or mobile

Cons:

- Finding a location
- Compliance issues



Mobile Clinics

Good for:

Densely populated urban areas
Sparsely populated
rural areas

Pros:

Very portable
Versatile

Cons:

Expensive to operate
You're managing remotely
Limited capacity





In-clinic Clinics

Good for:

Small budgets
Small populations
Specific populations
(ie feral cat day,
pit-bull-paloozas)

Pros:

Least expensive
Very portable

Cons:

Need to have private vets who believe in your mission



**OPERATION
PIT**

**WE'RE LOOKING FOR
A FEW GOOD DOGS**

THE MISSION:
To recruit worthy pit bulls for free wellness care*

YOUR ASSIGNMENT:
CALL 1-877-900-PITS
(1-877-900-7487) to sign up

WHO:
Healthy pit bulls and pit mixes**
between 6 months and 5 years old

- Free Spay, Neuter or Vasectomy
- Free Vaccination with Surgery
- Free Microchip with Surgery
- Free K9 Camo Gear and More

Awards and honorable discharge
for all pit bulls completing
the mission

* Subject to availability and to the veterinarian's determination that the dog is fit for surgery.
**Determinations of breed are the sole discretion of the ASPCA.

ASPCA
WE ARE THEIR VOICE®

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HomeAgain
Always looking out for your pet

**APPOINTMENTS AVAILABLE
SUNDAY,
FEB. 20TH!**



Voucher Model

Good for:

PR for other programs (ie BAD RAP)

Pros:

Not your problem! (less work, less expense)

Cons:

Not your problem!

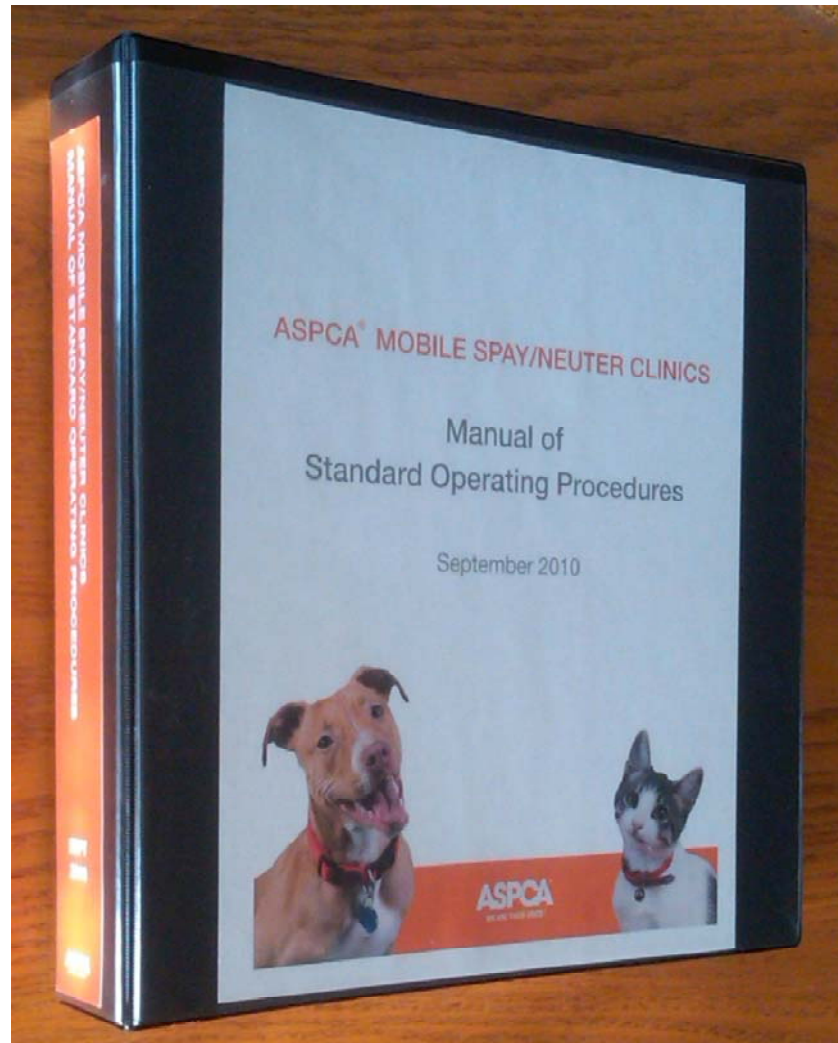
(lack of control, hidden fees, no follow-up)



What makes these models work?



The SOP Manual



What's it for?

- Standardizes policies / procedures
- Defines expectations for:
 - Your program
 - Your staff
 - Your clients
- Defines quality of care and service
- Acts as a training tool
- Enforces work standards and accountability via:
 - Staff acknowledgement of receipt of manual
 - Staff acknowledgement of changes to manual as they occur



What goes in it?

Mission statement

Basic program parameters

Employment information

Operations protocols

Administrative/finance policies

Medical protocols

Data collection



1. Mission Statement



**Harvard
Business
Review**

An effective mission statement must be a clear description of where an organization is headed in the future that distinctly sets it apart from other entities and makes a compelling case for the need it fills.

Once again, in English?

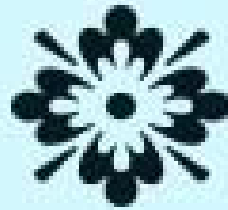
Whom do you serve, and why?

Mission statement must be short, memorable and appropriate for a variety of stakeholders:

- employees
- donors
- clients
- your board

Creating Your Mission Statement

- What do you want to do?
- Why do you want to do it?
- How will you do it?
- Where will you do it?



I am a recovering
people pleaser.



(Is that okay?)



2. Basic Program Parameters



Know Your Clients

Cat/dog households

- 74% have NONE spayed/neutered

Dog-only households

- 76% have NO dogs spayed/neutered

Cat-only households

- 65% have NO cats spayed/neutered



Know Your Clients

- Who
- What
- Where
- Why



Know Your Patients

- Owned animals
- Rescue animals
 - Shelters
- Adoptions / Foster Groups
- Free Roaming Cats / TNR

Spay/Neuter Guidelines

Determining patient eligibility for surgery

- What species?
- Age restrictions?
 - In heat?
 - Pregnant?
- Size or weight restrictions?
 - Aggression?
- Medical conditions that increase anesthetic/surgical risk?

Beyond Spay/Neuter



Vaccines
Retro – Testing
Heartworm Testing
Deworming
Flea Medications
Ear Cleaning
Tattoo
Eartip
Microchip
Nail Trim

Considerations for Rescuers

- Terms of Use Agreement
- Special Pricing
- Rules for Participation
- Warning Letter
- Termination Letter



3. Human Resources Info

Staffing One Spay/Neuter Clinic

Program Manager

PT/FT Office Assistant

PT Surgeon

FT Licensed Veterinary Technician

FT Veterinary Assistant (s)

Additional duties to consider:

Outreach

Fundraising

Greeting

Driving

Data entry



Take your time! Interview

Clearly Define Staff Roles

- Administrator
- Veterinary Technician
- Veterinary Assistant
- Surgeon



Volunteers

- What are the laws in your area?
- What do you need?
- Where and when?
- Screening
- Training
- Developing relationships

The screenshot shows the ASPCA website's 'Volunteer with the ASPCA' page. The header includes the ASPCA logo with the tagline 'WE ARE THEIR VOICE.' and navigation links for 'ABOUT US', 'ASPCA NYC', 'NEWS', 'BLOG', 'PRESSROOM', 'JOBS', and 'CONTACT US'. A secondary navigation bar features 'Fight Animal Cruelty', 'Adoption', 'Pet Care', 'Donate', 'Get Involved', and 'ASPCA Store'. The main content area is titled 'Volunteer with the ASPCA' and includes a photo of a woman holding a dog. It outlines the importance of the volunteer program, provides general guidelines (e.g., all opportunities are in New York City, volunteers must be 16 years or older), and lists steps to becoming a volunteer. A sidebar on the left contains links to various ASPCA programs like 'ASPCA Adoptable Dogs', 'ASPCA Adoptable Cats', and 'Operation Pit'. A 'Sign Up for our Newsletter!' section is at the bottom left. On the right, there are social media sharing options and two promotional boxes: 'Animal Cruelty' with the text 'Learn. Report. Fight!' and 'HELP US end animal cruelty' with a 'Donate Today' button.

Volunteers

Volunteers should ***not***:

- Be responsible for performing medical tasks

Volunteers need:

- Their time to be respected
- To be FED
- To be THANKED

Minimize flakiness!

- Outline roles and expectations in advance
- *Overcommunicate!*



4. Operations: Your Clinic Day

Sample 10-hour MSNC timeline

| | |
|--------------|---|
| 7 AM | Greet crowd /Set-up |
| 7:30-9:00 AM | Intake |
| 10:00 AM | Start surgery |
| 2:30 PM | Finish surgery |
| 2:30-3:30 PM | Paperwork and clean-up |
| 3:30-4:30 PM | Discharge (or 1 hour after surgery completed) |
| 4:30 PM | Finish clean-up |
| 5 PM | Drive home |



Location, location, location

Identify areas of focus.

Ask: Who are you trying to reach and why?

Narrow your locations down.

Ask: Where do people go with their pets?

PS: Remember the details!

- One way streets
- Local vets
- Private homes
- OSHA compliance

Start Spreadin' The News



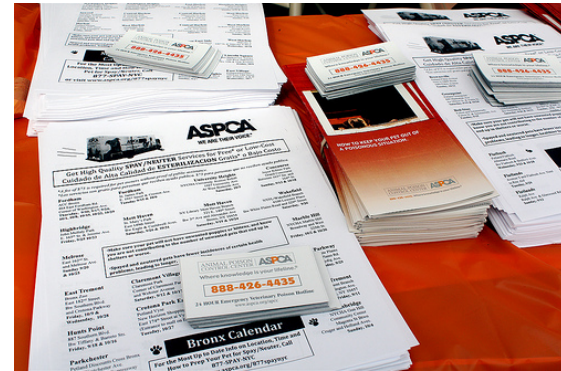
- **Grassroots!** Word of mouth is cheap and effective.
- Wrap your mobile clinic!
- Keep it cheap: flyers are your friend.
- Local partnerships - Get others to do your work for you!

Your mantra:

“safe, easily accessible, affordable”

ASPCA CARES:

Intensive Community Outreach



Community Events

FREE SPAYING AND NEUTERING
FOR YOUR PETS* at the

FALL FIESTA

SATURDAY
October 2nd

9:00 am – 3:00 pm

Central Park West at 110th Street &
Lenox Avenue (Malcolm X Blvd.)

- FREE Spay / Neuter Surgery*
- FREE Microchips** for the first 100 pets
- Ask-Our-Expert Booths
- Entertainment & Family Fun!



*Free spay/neuter services are provided on a first come, first served, beginning at 7:30 am. If you and your pet arrive and the clinics are fully booked, you can schedule an appointment for free service in future clinics in a neighborhood near you. Only pets who arrive with their humans can schedule future appointments.

**Free microchipping at 9:00 am provided by Mayor's Alliance



Intensive Community Outreach



5. Money, Money, Money

- Know your capacity to fundraise
- Know what grants are out there
- Know this basic math:

**Your Budget - Your Clients =
You Have To Pluck The Rest
Out Of Thin Air**



Fees

How much can you afford to charge without having to change your mission?

Subsidized vs. self-sustainable

See: *Know Your Clients*

Technology Costs to Consider

- Medical records software
- Data collection needs
- Information / calendar on website
- 24-hour post-op line
- Online staff calendar



6. Medical Policies & Procedures: What's Important and Why?



It's not just rabbits who multiply like rabbits.

Spay or neuter your pets. Help stop pet overpopulation.

Special Report

The Association of Shelter Veterinarians veterinary medical care guidelines for spay-neuter programs

Association of Shelter Veterinarians' Spay-Neuter Task Force

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Susan M. Eddlestone, DVM, DACVIM; James R. Weedon, DVM, MPH, DACVPM; Leslie D. Appel, DVM;
Y. Karla Rigdon-Brestle, DVM; Nancy J. Ferguson, DVM; David J. Sweeney, DVM; Kathy A. Tyson, DVM;
Adriana H. Voors, DVM; Sara C. White, DVM; Christine L. Wilford, DVM; Kelly A. Farrell, DVM;
Ellen P. Jefferson, DVM; Michael R. Moyer, VMD; Sandra P. Newbury, DVM;
Melissa A. Saxton, DVM; Janet M. Scarlett, DVM, MPH, PhD

As efforts to reduce the overpopulation and euthanasia of unwanted and unowned dogs and cats have increased, greater attention has been focused on spay-neuter programs throughout the United States. Because of the wide range of geographic and demographic needs, a wide variety of programs have been developed to increase delivery of spay-neuter services to targeted populations of animals, including stationary and mobile clinics, MASH-style operations, shelter services, feral cat programs, and services provided through private practitioners. In an effort to ensure a consistent level of care, the Association of Shelter Veterinarians convened a task force of veterinarians to develop veterinary medical care guidelines for spay-neuter programs. The guidelines consist of recommendations for preoperative care (eg, patient transport and housing, patient selection, client communication, record keeping, and medical considerations), anesthetic management (eg, equipment, monitoring, perioperative considerations, anesthetic protocols, and emergency preparedness), surgical care (eg, operating-area environment; surgical-pack preparation; patient preparation; surgeon preparation; surgical procedures for pediatric, juvenile, and adult patients; and identification of neutered animals), and postoperative care (eg, analgesia, recovery, and release). These guidelines are based on current principles of anesthesiology, critical care medicine, microbiology, and surgical practice, as determined from published evidence and expert opinion. They represent acceptable practices that are attainable in spay-neuter programs.

Medical SOPs JAVMA; July 1, 2008

As efforts to reduce the euthanasia of unwanted and unowned dogs and cats, including feral cats, have increased, greater attention has been focused on spay-neuter programs throughout the United States.

Spay-neuter programs are designed to facilitate access to spay-neuter services among targeted populations of animals in an effort to prevent reproduction and reduce subsequent overpopulation. Current

From the Section of Pain Medicine (Looney) and Maddie's Shelter Medicine Program, Department of Population Medicine and Diagnostic Sciences (Griffin, Scarlett), College of Veterinary Medicine, Cornell University, Ithaca, NY 14853; the Department of Small Animal Clinical Sciences, College of Veterinary Medicine, University of Tennessee, Knoxville, TN 37906 (Bohling); the Department of Clinical Sciences, College of Veterinary Medicine, Mississippi State University, Starkville, MS 39762 (Bushby); the Department of Veterinary Small Animal Clinical Sciences, College of Veterinary Medicine and Biomedical Sciences, Texas A&M University, College Station, TX 77843 (Howe); the Department of Small Animal Clinical Sciences, College of Veterinary Medicine, University of Florida, Gainesville, FL 32610 (Levy); the Department of Veterinary Clinical Sciences, School of Veterinary Medicine, Louisiana State University, Baton Rouge, LA 70803 (Eddlestone); Spay-Neuter Assistance Program Inc, 1001 W Loop S, Ste 110, Houston, TX 77027 (Weedon); American Society for the Prevention of Cruelty to Animals, Shelter Outreach Services, 78 Dodge Rd, Ithaca, NY 14850 (Appel); National Spay/Neuter Response Team, Humane Alliance, 231 Haywood St, Asheville, NC 28801 (Rigdon-Brestle); National Spay/Neuter Response Team, Humane Alliance, S.P.O.T. Spay/Neuter Clinic, 612 S Main St, Cloverdale, TN 46120 (Ferguson); No More Homeless Pets in Utah, 324 South 400 W, Ste C, Salt Lake City, UT 84101 (Sweeney); City of San Jose Animal Care and Services, 2750 Monterey Rd, San Jose, CA 95111 (Tyson); Shenandoah Valley Spay and Neuter Clinic, 910 N Liberty St, Harrisonburg, VA 22802 (Voors); Spay ASAP Inc, 163 Clay Hill Rd, Hartland, VT 05048 (White); Cats Exclusive Veterinary Center, Feral Cat Spay/Neuter Project, 11331 Roosevelt Way NE, Seattle, WA 98125 (Wilford); Angels of Assist, 415 Campbell Ave, Roanoke, VA 24016 (Farrell); EmancipET Spay/Neuter Clinic, 2729 Exposition Blvd, No. 124, Austin, TX 78703 (Jefferson); Rosenthal Director of Shelter Animal Medicine, School of Veterinary Medicine, University of Pennsylvania, Philadelphia, PA 19104 (Moyer); Koret Shelter Medicine Program, Center for Companion Animal Health, School of Veterinary Medicine, University of California, Davis, CA 95616 (Newbury); and Humane Alliance of Western North Carolina, 231 Haywood St, Asheville, NC 28801 (Saxton).

Address correspondence to Dr. Griffin.

Medical Records

- Owner's Information
- Patient Information
- Patient Medical History
- Treatment Request
- Consent Statement
- Signature
- Pre-Surgical Exam
- Surgery Information
- Other Services Received

[illegible]

Medical Records: Additional Forms

FelV/FIV Test Release Form

- Instructs how to proceed if test is positive
- May also serve as a signature form for euthanasia
- Discourage testing of free roaming cats

AMA—Against Medical Advice

- Used when owner elects to proceed with surgery despite documented increased risk

Addendum Form

- Documents unusual occurrence/Adverse Reaction
- Provides additional detailed explanation
- Problem with anesthesia, surgery or recovery

Controlled Drugs and DEA Regulations



Inventory Controlled Drug Register

[illegible]

ASPCA MSNC Daily Drug Log

| Date: | | Daily Drug Log | | | | | | | Vet/LVT: | | Page: ____ of ____ | | | | |
|--|------|----------------|--------------------------|-------------------------|---------------------------|---------------------------|---------------------------|----------|-------------------------|------------------------|-------------------------|------------------------|--------------------------|---------------------|---------------------|
| Client ID # Client name Pet name | Spec | Wt (lbs) | Telazol Bot # Lot# | Bupren Bot # Lot# | Morphine Bot # Lot# | Diazepam Bot # Lot# | Ketamine Bot # Lot# | | Telazol 100 mg/ml | Bupren 0.5 mg/ml | Morphine 15 mg/ml | Diazepam 5 mg/ml | Ketamine 100 mg/ml | Asa 1.0 mg/ml | Malic 5 mg/ml |
| | = KG | | | | | | | Start | | | | | | | |
| | = Fe | | | | | | | Diagnose | | | | | | | |
| | | | | | | | | Balance | | | | | | | |
| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
| | | | | | | | | | | | | | | | |
| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
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| | = Fe | | | | | | | Balance | | | | | | | |
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| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
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| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
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| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
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| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
| | | | | | | | | | | | | | | | |
| | = KG | | | | | | | Diagnose | | | | | | | |
| | = Fe | | | | | | | Balance | | | | | | | |
| | | | | | | | | | | | | | | | |

Inspected by: _____ Date: _____

Medical Protocols at a Glance



Colored Coded Charts
Quick Reference Guides
Laminated Instructions

Vaccination Guidelines

| Vaccine | Puppies/Kittens less than 16 weeks of age | Adolescent or adult dogs/cats greater than 16 weeks of age | Vaccine is to be boosted |
|---|---|--|---|
| Rabies (Killed virus) (3-year product) ALL dogs and cats | Animal must be at least 12 weeks of age to receive first vaccine. Animals between 12-16 weeks of age receive vaccine if owner does not produce certificate signed by veterinarian showing that animal is adequately vaccinated. | Animal receives vaccine if owner does not produce certificate signed by a veterinarian showing that animal is adequately vaccinated. | After first vaccination, second vaccination is administered in 1 year. A 3-year rabies vaccine product is then administered every 3 years. |
| DA2PPV (Modified live) Dogs from public | Begin vaccination as early as 6 weeks of age. Administer vaccine at intervals of 3-4 weeks until 16 weeks of age. | Administer 2 vaccines, 3-4 weeks apart. | A booster vaccination is given 1 year after completion of the initial vaccine series. Following this vaccination, revaccination is recommended every 3 years. |
| DA2PPV (Modified live) Dogs from shelter or rescue group | Administer vaccine upon admission to shelter (may be as early as 4 weeks of age in some shelters). Repeat at 2-week intervals until 16 weeks of age. | Administer vaccine upon admission to shelter. Repeat in 2 weeks. | When adopted, follow booster recommendations for public dogs. |
| FVRCP (Modified live) Cats from public | Begin vaccination as early as 6 weeks of age. Administer vaccine at intervals of 3-4 weeks until 16 weeks of age. | Administer 2 vaccines, 3-4 weeks apart. | A booster vaccination is given 1 year after completion of the initial vaccine series. Following this vaccination, revaccination is recommended every 3 years. |
| FVRCP (Modified live) Cats from shelter or rescue group | Administer vaccine upon admission to shelter (may be as early as 4 weeks of age in some shelters). Repeat every 2-4 weeks until 16 weeks of age. | Administer vaccine upon admission to shelter. Repeat in 3-4 weeks. | When adopted, follow booster recommendations for public cats. |
| FVRCP (Modified live) Feral cats | Administer vaccine at time of spay/neuter. | Administer vaccine at time of spay/neuter. | If cat is trapped for purpose other than vaccination in future, a booster vaccination may be given (if greater than 3 weeks after initial vaccination). |

Canine Drug Protocol with Rimadyl

January 2012

| Weight (pounds) | Acepromazine mL (IM) | Morphine mL (IM) | Diazepam mL (IV) | Ketamine mL (IV) | Rimadyl mL (SubQ) |
|-----------------|----------------------|------------------|------------------|------------------|-------------------|
| | 10 mg/ml | 15 mg/ml | 5 mg/ml | 100 mg/ml | 50 mg/ml |
| 2 - 3 | 0.01 | 0.05 | 0.10 | 0.10 | 0.10 |
| 4 - 5 | 0.02 | 0.10 | 0.15 | 0.15 | 0.20 |
| 6 - 7 | 0.03 | 0.10 | 0.20 | 0.20 | 0.25 |
| 8 - 9 | 0.04 | 0.15 | 0.25 | 0.25 | 0.35 |
| 10 - 15 | 0.05 | 0.20 | 0.35 | 0.35 | 0.50 |
| 16 - 20 | 0.08 | 0.30 | 0.50 | 0.50 | 0.70 |
| 21 - 25 | 0.10 | 0.35 | 0.60 | 0.60 | 0.90 |
| 26 - 30 | 0.12 | 0.45 | 0.70 | 0.70 | 1.10 |
| 31 - 35 | 0.15 | 0.50 | 0.85 | 0.85 | 1.30 |
| 36 - 40 | 0.17 | 0.60 | 1.00 | 1.00 | 1.50 |
| 41 - 50 | 0.20 | 0.70 | 1.20 | 1.20 | 1.80 |
| 51 - 60 | 0.20 | 0.90 | 1.40 | 1.40 | 2.20 |
| 61 - 70 | 0.20 | 1.00 | 1.60 | 1.60 | 2.60 |
| 71 - 80 | 0.20 | 1.20 | 1.70 | 1.70 | 3.00 |
| 81 - 90 | 0.20 | 1.30 | 1.80 | 1.80 | 3.40 |
| 91 - 100 | 0.20 | 1.40 | 1.90 | 1.90 | 3.80 |
| 101 - 110 | 0.20 | 1.60 | 1.95 | 1.95 | 4.20 |
| 111 - 120 | 0.20 | 1.70 | 2.00 | 2.00 | 4.60 |

| Drug | Concentration | Dose | Route |
|---|---------------|--|-------|
| Acepromazine | 10 mg/ml | 0.1 mg/kg | IM |
| (NOTE: Acepromazine is used at full strength of 10.0 mg/ml in this protocol) | | | |
| Acepromazine = Maximum of 2 mg regardless of weight | | (Note: Larger dogs receive smaller acepromazine doses) | |
| Morphine | 15 mg/ml | 0.5 mg/kg | IM |
| Diazepam | 5 mg/ml | 0.25-0.50 mg/kg | IV |
| Ketamine | 100 mg/ml | 5-10 mg/kg | IV |
| | | (Note: Larger dogs receive smaller ketamine doses) | |
| Rimadyl (carprofen) | 50 mg/ml | 4.4 mg/kg | SC |
| CANINE Drug Protocol | | | |
| Acepromazine and Morphine are combined in one syringe and given IM as a pre-med 15 minutes prior to induction | | | |
| Diazepam and Ketamine are combined in one syringe and given IV as induction agent | | | |
| Female and male dogs are intubated and maintained on isoflurane and oxygen | | | |
| Rimadyl is given SubQ after surgery (at discretion of vet) in healthy dogs greater than 8 weeks of age | | | |
| NOTE: Protocol is intended for use in majority of animals but may be modified at discretion of attending veterinarian for particular animals | | | |

Anesthesia Chart

Multi-modal Pain Management

Twice Daily Dosing (BID)

| Dog's Weight (Pounds) | 25 mg Tablet | 75 mg Tablet | 100mg Tablet |
|--------------------------|-----------------|-----------------|-----------------|
| | Twice Daily | Twice Daily | Twice Daily |
| 10-15 | 1/2 | X | X |
| 16-20 | X | 1/4 | X |
| 21-30 | 1 | X | X |
| 31-45 | X | 1/2 | X |
| 46-60 | X | X | 1/2 |
| 61-75 | 2.5 | X | X |
| 76-90 | X | 1 | X |
| 91-110 | X | X | 1 |

Chart for Dispensing Oral Medication

Notes:

Carprofen (generic Rimadyl) is dispensed for dogs after spay/neuter. Decision to dispense is attending veterinarian's.

Ask client if dog is receiving any medication. Veterinarian decides if carprofen is contraindicated.

Dose carprofen is 2.2 mg/kg orally twice daily post operatively as needed.

Dispense up to 6 doses total.

Tell client to start medication at 8 am on day following surgery.

Medication is to be given in small amount of canned dog food meat ball.

Medication needs to be given with food.

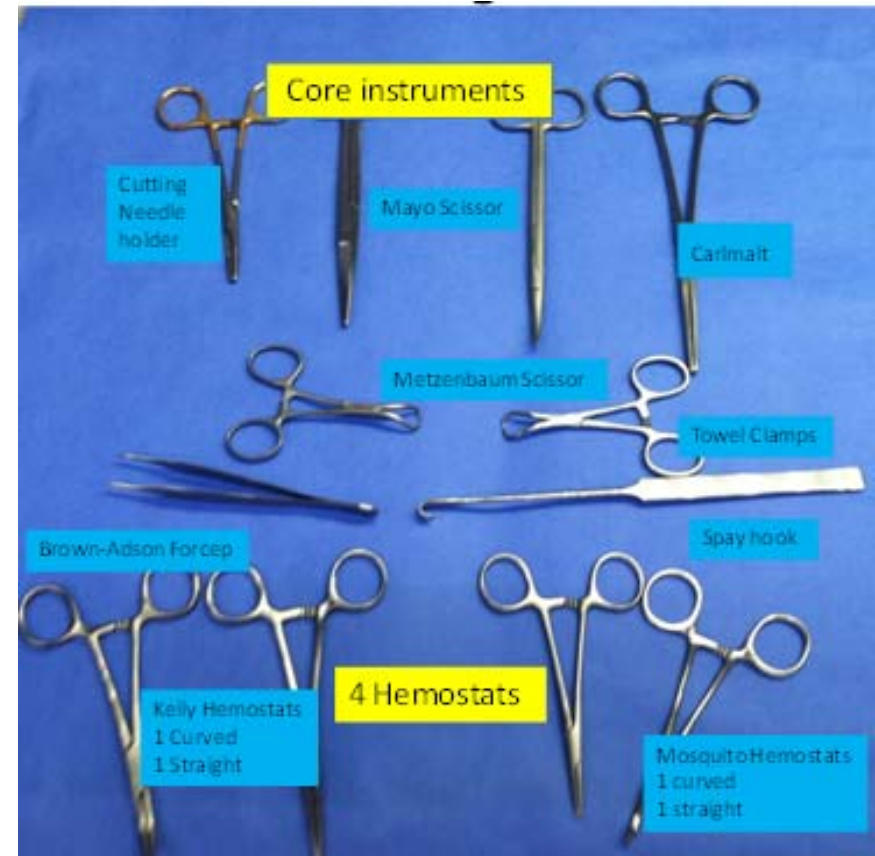
Client is to call post-op help line if vomiting, diarrhea, or inappetance occurs.

Do NOT prescribe for dogs less than 6 WEEKS of age.

Non Steroidal Anti-Inflammatory Drugs (NSAIDs) are utilized as pain management for animals that present for spay/neuter at ASPCA Spay/Neuter Clinics and are prescribed at the discretion of the attending Veterinarian. Rimadyl doses listed above and all dosaging of NSAIDs in this manual are meant to serve as guidelines. Veterinarians may choose to adjust dosing or treatment interval based on the individual animal's clinical condition.

Surgery

- Instrument Packs
- Surgical Techniques
- Suture Material
- Closure



Recovery

Monitoring Patients

Tasks and Treatments to be done during recovery



Emergency Procedures

Have a fully stocked Crash Box available.

- Know the contents
- Check expiration dates
- Have it accessible
- Set up most commonly used drugs at start of each clinic



Know where drugs/equipment are kept outside the Crash Box that may be necessary during an emergency.

Train staff for Emergency Situations.

- Perform regular Emergency Drills
- Each team member must know his role in an emergency
- Review new CPR Guidelines

Emergency Drug Chart

| DRUG | DOSE | 2 lbs | 5 lbs | 10 lbs | 15 lbs | 20 lbs | 25 lbs | 30 lbs | 40 lbs | 50 lbs | 60 lbs | 70 lbs |
|--|-------------------|--|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| (Amount of drug to be given is listed in mls) | | | | | | | | | | | | |
| Antisedan (5 mg/ml) | | (An amount equal to Domitor or Dexdomitor used can be given IM, use half dose if given IV) | | | | | | | | | | |
| Atropine (0.54 mg/ml) * | 0.04 mg/kg | 0.10 | 0.20 | 0.30 | 0.50 | 0.70 | 0.80 | 1.00 | 1.30 | 1.70 | 2.00 | 2.40 |
| Dexamethasone SP (4 mg/ml) * | 1 mg/kg | 0.25 | 0.60 | 1.10 | 1.70 | 2.30 | 2.80 | 3.40 | 4.50 | 5.70 | 6.80 | 8.00 |
| Dextrose 50% | 0.2 ml/kg | 0.20 | 0.50 | 1.00 | 1.50 | 2.00 | 2.30 | 2.70 | 3.50 | 4.50 | 5.50 | 6.00 |
| Diphenhydramine (50 mg/ml) | 2 mg/kg | 0.04 | 0.10 | 0.20 | 0.30 | 0.40 | 0.45 | 0.55 | 0.75 | 0.90 | 1.10 | 1.30 |
| Doxapram (20 mg/ml) | 2 mg/kg | 0.10 | 0.25 | 0.45 | 0.70 | 0.90 | 1.10 | 1.40 | 1.80 | 2.30 | 2.70 | 3.20 |
| Epinephrine 1:1000 (1 mg/ml) * | | | | | | | | | | | | |
| For Cardiac Resuscitation * | 0.1 mg/kg | 0.10 | 0.20 | 0.50 | 0.70 | 0.90 | 1.10 | 1.40 | 1.80 | 2.30 | 2.70 | 3.20 |
| For Anaphylaxis (IM) | 0.02 mg/kg | 0.02 | 0.05 | 0.10 | 0.15 | 0.20 | 0.25 | 0.30 | 0.40 | 0.50 | 0.60 | 0.70 |
| Flumazenil (0.1 mg/ml) | 0.01 mg/kg | 0.10 | 0.25 | 0.45 | 0.70 | 0.90 | 1.15 | 1.35 | 1.80 | 2.25 | 2.75 | 3.20 |
| Glycopyrrolate (0.2 mg/ml) * | 0.004 mg/kg | 0.02 | 0.05 | 0.10 | 0.15 | 0.20 | 0.25 | 0.30 | 0.35 | 0.45 | 0.55 | 0.65 |
| IV Fluid Cat (LRS, Normosol R, Plasmalyte) | | (Reassess after initial bolus is given) | | | | | | | | | | |
| (For Cardiac Arrest) | 20 ml/kg/20 min | 20 | 50 | 90 | 140 | 180 | | | | | | |
| IV Fluid Dog (LRS, Normosol R, Plasmalyte) | | (Reassess after initial bolus is given) | | | | | | | | | | |
| (For Cardiac Arrest) | 40 ml/kg/20 min | 30 | 75 | 180 | 250 | 300 | 400 | 500 | 700 | 900 | 1000 | 1200 |
| Lidocaine 2% (20 mg/ml) * | | | | | | | | | | | | |
| For Dogs * | 1 mg/kg slowly | 0.05 | 0.10 | 0.20 | 0.35 | 0.45 | 0.55 | 0.70 | 0.90 | 1.10 | 1.30 | 1.60 |
| For Cats (Beware CNS effects) * | 0.25 mg/kg slowly | 0.01 | 0.03 | 0.05 | 0.08 | 0.10 | | | | | | |
| Naloxone (0.4 mg/ml) * | 0.04 mg/kg | 0.10 | 0.25 | 0.45 | 0.70 | 0.90 | 1.10 | 1.40 | 1.80 | 2.30 | 2.70 | 3.20 |
| Solu-Delta-Cortef (100 mg/10 ml) | 5.5 mg/kg | 0.50 | 1.20 | 2.50 | 3.70 | 5.00 | | | | | | |
| Solu-Delta-Cortef (500 mg/10 ml) | 5.5 mg/kg | | | | | 1.00 | 1.30 | 1.50 | 2.00 | 2.50 | 3.00 | 3.50 |
| Vasopressin (20 units/ml) * | 0.5 units/kg | 0.02 | 0.05 | 0.10 | 0.20 | 0.25 | 0.30 | 0.35 | 0.45 | 0.60 | 0.70 | 0.80 |
| Yohimbine (2 mg/ml) | 0.1 mg/kg | 0.05 | 0.10 | 0.25 | 0.35 | 0.45 | 0.60 | 0.70 | 0.90 | 1.10 | 1.40 | 1.60 |
| Drugs are given IV, except epinephrine when given for anaphylaxis and diphenhydramine to cats which are given IM. | | | | | | | | | | | | |
| *Drugs can be given IT at double volume, consider adding small amount of saline to disperse agent, and follow with good ventilations | | | | | | | | | | | | |

Epinephrine and Atropine:

Dosages for Use During Cardiac Arrest

| Drug | Epinephrine | Epinephrine | Atropine | Atropine |
|---------------|------------------|-----------------------|------------|-----------------------|
| Concentration | 1:1000 (1 mg/ml) | 1:1000 (1 mg/ml) | 0.54 mg/ml | 0.54 mg/ml |
| Dose | 0.1 mg/kg | 0.2 mg/kg | 0.04 mg/kg | 0.08 mg/kg |
| Route | IV | *IT (2-3x IV Dose) | IV | *IT (2-3x IV Dose) |
| Weight (lbs.) | ml | ml | ml | ml |
| 2 | 0.1 | 0.2 | 0.1 | 0.2 |
| 5 | 0.2 | 0.4 | 0.2 | 0.4 |
| 10 | 0.5 | 1.0 | 0.3 | 0.6 |
| 15 | 0.7 | 1.4 | 0.5 | 1.0 |
| 20 | 0.9 | 1.8 | 0.7 | 1.4 |
| 25 | 1.1 | 2.2 | 0.8 | 1.6 |
| 30 | 1.4 | 2.8 | 1.0 | 2.0 |
| 35 | 1.6 | 3.2 | 1.2 | 2.4 |
| 40 | 1.8 | 3.6 | 1.3 | 2.6 |
| 45 | 2.0 | 4.0 | 1.5 | 3.0 |
| 50 | 2.3 | 4.6 | 1.7 | 3.4 |
| 60 | 2.7 | 5.4 | 2.0 | 4.0 |
| 70 | 3.2 | 6.4 | 2.4 | 4.8 |
| 80 | 3.6 | 7.2 | 2.7 | 5.4 |

Discharge Procedures

Standard Discharge Time vs. Time after surgery is completed.

Patients must be ready for discharge:

- Cats must be sternal and alert.
- Dogs must be able to walk.

Standard Discharge Script.

Show owners incision and tattoo site.

Have paperwork ready:

- Discharge Note.
- Vaccine Certificate.
- Additional Handouts:
- Specific Medical Conditions or Special Surgeries.
- E Collar Instructions.

Contact information for post-op concerns and questions

Procedure for Animals that are not Picked Up After Surgery.



Surgical Complications

Anesthesia Complications

- Lethargy, Anorexia
- Vomiting, Diarrhea

Surgery Complications

- Hemoabdomen
 - Herniation

Incisional Complications

- Seromas
- Suture Reactions
 - Infections
 - Dehiscence

Tattoo Complications

Vaccine Reactions

Post-Op Care

Will Your Organization Provide Post-Op Care?

Phone Availability?

- 24/7?
- Who?

Referral to local veterinarians?

- As a courtesy or at a reduced cost?
- Will each patient go to their own veterinarian?
- Is there a local emergency clinic willing to help?
 - Any reimbursement for care?

Rechecks at one of your clinics?

- Arranged in advance?
- Not an option for emergency situations.

Necropsies.

Waste Anesthesia Gas

All anesthetic procedures release some WAG (Waste Anesthesia Gas) into the environment.

Specific Concerns for S/N Clinics:

- Large Number of Patients
- Passive Scavenger Systems
- Poor Ventilation/Small Spaces

Quarterly WAG Testing

- Assay Technology, Inc.
- <http://www.assaytech.us/>



Autoclave Spore Testing

Periodically check the functioning of all autoclaves.
Check autoclave function in response to a spike in post-op complications involving infection.



Laboratory contact information:

Enviro-Tech Laboratories, Inc.

PO Box 60650

San Angelo, Texas 76906

Tel: (800) 944-1302

Fax: (325) 942-9693

www.sporestriptesting.com

7. Collecting Data



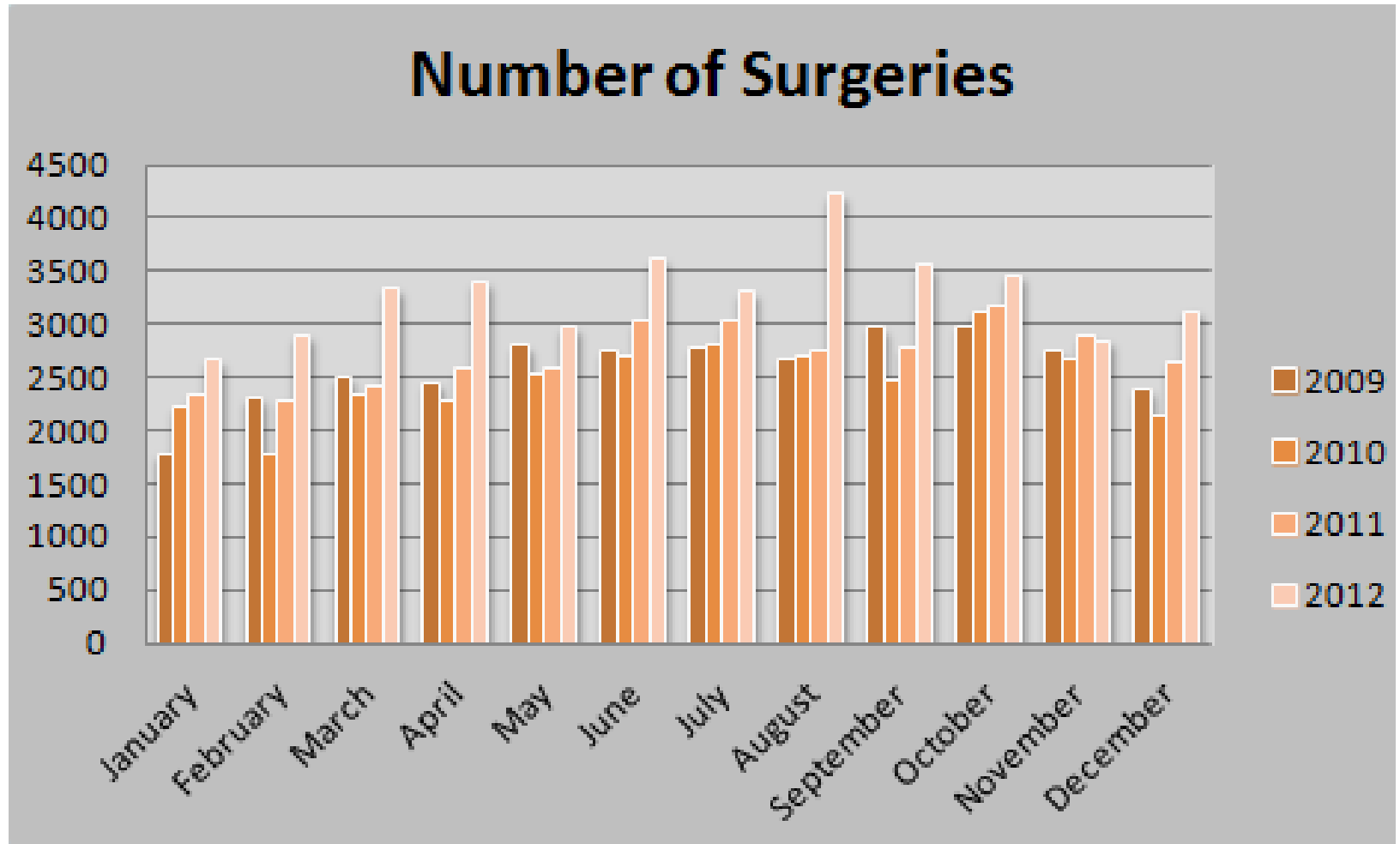
Measuring Impact

- Client Information
- Patient Subsets
- History Questions
- Shelter Intake

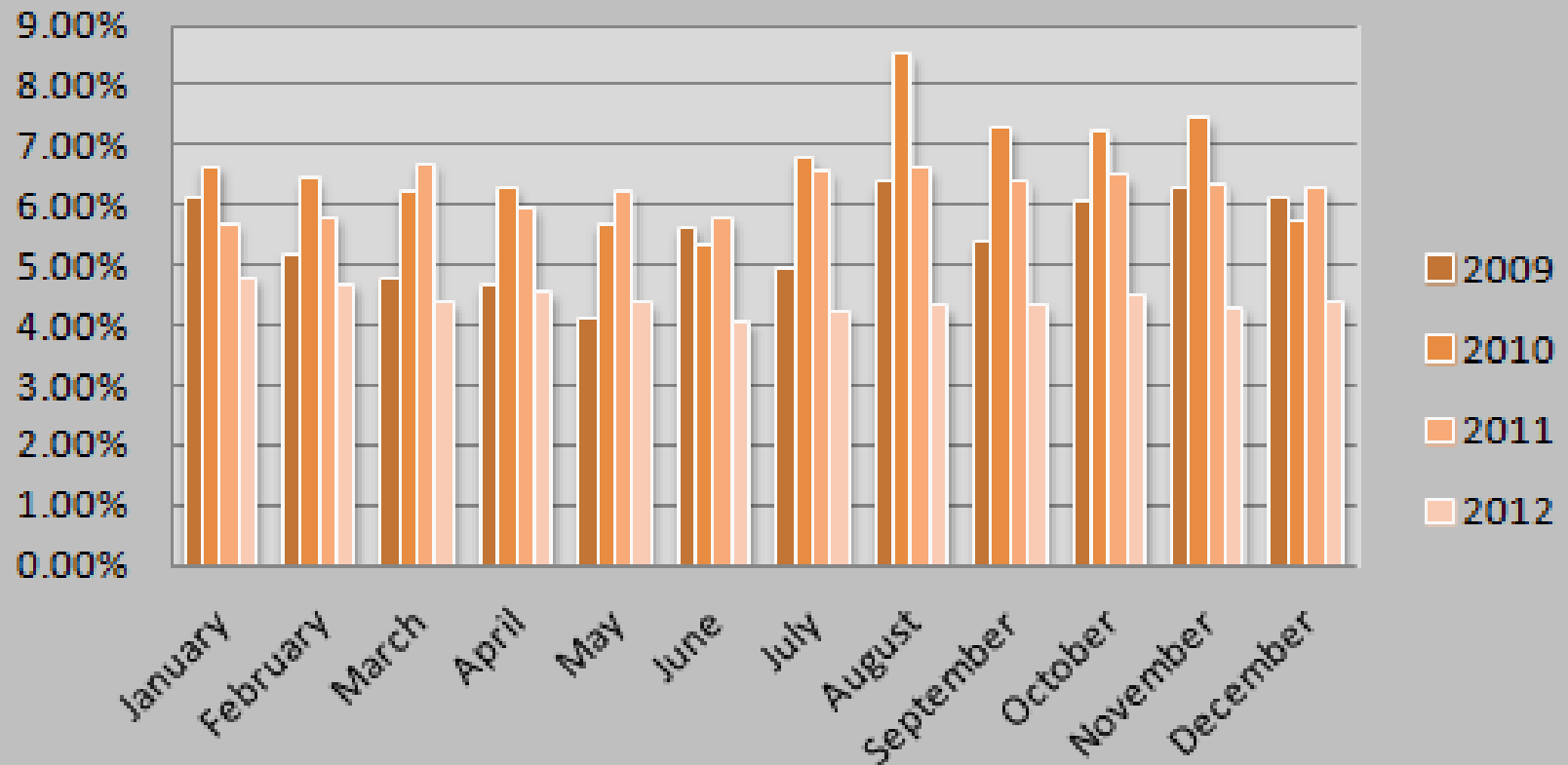
Surgery Information

- Number of Surgeries
- Morbidity: Complications
- Mortality: Deaths
- Counted Versus Not Counted

Evaluation of Data



Percentage of Adverse Events



ASPCA

Mobile Spay/Neuter Clinic

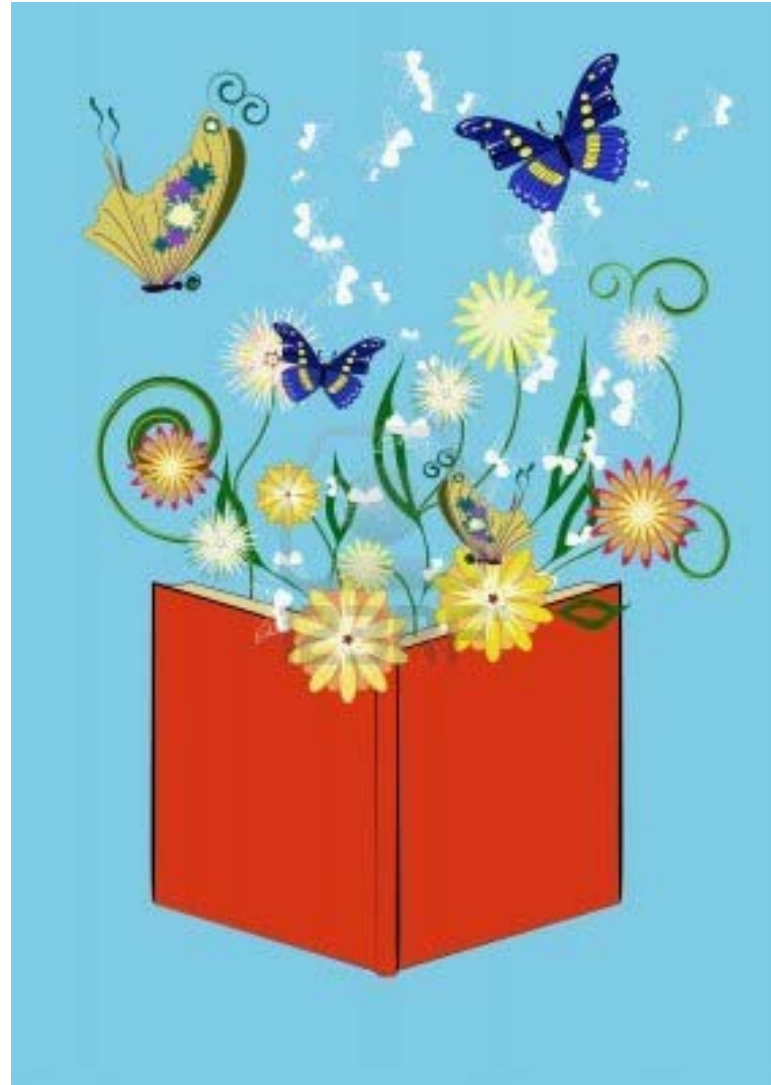
| | 2011 | 2012 |
|--------------------|--------|--------|
| • Total Surgeries | 25,316 | 25,915 |
| • % Adverse Events | 7.33% | 5.97% |
| • Deaths: | | |
| Total Number | 33 | 21 |
| Total Incidence | 0.13% | 0.08% |
| • Counted | | |
| Counted Number | 21 | 16 |
| Counted Incidence | 0.08% | 0.06% |

SOP Manuals Live and Breathe!

Be ready to:

- Revise Protocols
- Add Protocols
- Remove Protocols

Constantly!!!!



QUESTIONS?

