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

Carolyn R. Brown, DVM
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 (i.e., feral cat day, pit-bull-paloozas)

Pros:
- Least expensive
- Very portable

Cons:
- Need to have private vets who believe in your mission
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 acknowledgment 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

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
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**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 AM</td>
<td>Greet crowd /Set-up</td>
</tr>
<tr>
<td>7:30-9:00 AM</td>
<td>Intake</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Start surgery</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>Finish surgery</td>
</tr>
<tr>
<td>2:30-3:30 PM</td>
<td>Paperwork and clean-up</td>
</tr>
<tr>
<td>3:30-4:30 PM</td>
<td>Discharge (or 1 hour after surgery completed)</td>
</tr>
<tr>
<td>4:30 PM</td>
<td>Finish clean-up</td>
</tr>
<tr>
<td>5 PM</td>
<td>Drive home</td>
</tr>
</tbody>
</table>
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 at the clinic early, tickets will be given. If you schedule an appointment for the same day, you will receive a ticket. Your pets will be spayed or neutered on the day of the event.

**Free microchipping is available for the first 100 pets.
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

It’s not just rabbits who multiply like rabbits.
Spay or neuter your pets. Help stop pet overpopulation.
Medical SOPs

JAVMA; July 1, 2008
Medical Records

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

**ASPCA Controlled Substance Register (Buprenorphine)**

<table>
<thead>
<tr>
<th>Date Buprenorphine Bottle Added</th>
<th>Lot # Expiration Date</th>
<th>Bottle # Assigned</th>
<th>Staff Initials</th>
<th>Witness Initials</th>
<th>Date Buprenorphine Bottle Removed</th>
<th>Truck # Assigned</th>
<th>Staff Initials</th>
<th>Recipient or Witness Initials</th>
<th>Daily Count: Total vials of Buprenorphine in safe (and mix per bottle)</th>
<th>Empty Bottle Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*Version: June 2012*
## ASPCA MSNC Daily Drug Log

### Daily Drug Log

| Client ID | Client Name | Dosage | Vet (lbs) | Total # Bottles | Dose | Bag # | Dose | Bag # | Dose | Bag # | Dose | Bag # | Dose | Bag # | Dose | Bag # | Dose | Bag # | Dose | Bag # | Dose | Bag # |
|-----------|-------------|--------|-----------|----------------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|           |             |        |           |                |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |

- **Dosage:**
  - Trazodone 100 mg/kg
  - Butorphanol 0.3 mg/kg
  - Mepirizine 15 mg/kg
  - Diazepam 5 mg/kg
  - Ketamine 100 mg/kg
  - Ace 1.0 mg/kg
  - Meth 5 mg/kg

- **Bottles:**
  - Total: 1
  - Dose: 1
  - Bag: 1

- **Date:** [ ]

**Conserved by:** [ ]

**Submitted:** [ ]

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Medical Protocols at a Glance

Colored Coded Charts
Quick Reference Guides
Laminated Instructions
# Vaccination Guidelines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Puppies/Kittens less than 16 weeks of age</th>
<th>Adolescent or adult dogs/cats greater than 16 weeks of age</th>
<th>Vaccine is to be boostered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies (Killed-virus) (3-year product)</td>
<td>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.</td>
<td>Animal receives vaccine if owner does not produce certificate signed by veterinarian showing that animal is adequately vaccinated.</td>
<td>After first vaccination, second vaccination is administered in 1 year. A 3-year rabies vaccine product is then administered every 3 years.</td>
</tr>
<tr>
<td>ALL dogs and cats&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DA2PPV (Modified-live)</td>
<td>Begin vaccination as early as 6 weeks of age. Administer vaccine at intervals of 3-4 weeks until 16 weeks of age.</td>
<td>Administer 2 vaccines, 3-4 weeks apart.</td>
<td>A booster vaccination is given 1 year after completion of the initial vaccine series. Following this vaccination, revaccination is recommended every 3 years.</td>
</tr>
<tr>
<td>Dogs from public shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DA2PPV (Modified-live)</td>
<td>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.</td>
<td>Administer vaccine upon admission to shelter. Repeat in 2 weeks.</td>
<td>When adopted, follow booster recommendations for public dogs.</td>
</tr>
<tr>
<td>Cats from public shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FVRCP (Modified-live)</td>
<td>Begin vaccination as early as 6 weeks of age. Administer vaccine at intervals of 3-4 weeks until 16 weeks of age.</td>
<td>Administer 2 vaccines, 3-4 weeks apart.</td>
<td>A booster vaccination is given 1 year after completion of the initial vaccine series. Following this vaccination, revaccination is recommended every 3 years.</td>
</tr>
<tr>
<td>Cats from shelter or rescue group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FVRCP (Modified-live)</td>
<td>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.</td>
<td>Administer vaccine upon admission to shelter. Repeat in 3-4 weeks.</td>
<td>When adopted, follow booster recommendations for public cats.</td>
</tr>
<tr>
<td>Feral-cats&lt;sup&gt;®&lt;/sup&gt;</td>
<td>Administer vaccine at time of spay/neuter.</td>
<td>Administer vaccine at time of spay/neuter.</td>
<td>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).</td>
</tr>
</tbody>
</table>
Anesthesia Chart
Multi-modal Pain Management
## Chart for Dispensing Oral Medication

### Twice Daily Dosing (BID)

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

**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

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DOSE</th>
<th>2 lbs</th>
<th>5 lbs</th>
<th>10 lbs</th>
<th>15 lbs</th>
<th>20 lbs</th>
<th>25 lbs</th>
<th>30 lbs</th>
<th>40 lbs</th>
<th>50 lbs</th>
<th>60 lbs</th>
<th>70 lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisedan (5 mg/ml)</td>
<td>[Amount of drug to be given is listed in mls]</td>
<td>Atropine (0.54 mg/ml) *</td>
<td>0.04 mg/kg</td>
<td>0.10</td>
<td>0.20</td>
<td>0.30</td>
<td>0.50</td>
<td>0.70</td>
<td>0.80</td>
<td>1.00</td>
<td>1.30</td>
<td>1.70</td>
</tr>
<tr>
<td>Dexamethasone SP (4 mg/ml) *</td>
<td>1 mg/kg</td>
<td>0.25</td>
<td>0.50</td>
<td>1.00</td>
<td>1.50</td>
<td>2.00</td>
<td>2.50</td>
<td>3.00</td>
<td>4.00</td>
<td>5.00</td>
<td>6.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Dextrose 50%</td>
<td>0.2 ml/kg</td>
<td>0.20</td>
<td>0.50</td>
<td>1.00</td>
<td>1.50</td>
<td>2.00</td>
<td>2.50</td>
<td>3.00</td>
<td>4.00</td>
<td>5.00</td>
<td>6.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Diphenhydramine (50 mg/ml)</td>
<td>2 mg/kg</td>
<td>0.04</td>
<td>0.10</td>
<td>0.20</td>
<td>0.30</td>
<td>0.40</td>
<td>0.45</td>
<td>0.55</td>
<td>0.75</td>
<td>0.90</td>
<td>1.10</td>
<td>1.30</td>
</tr>
<tr>
<td>Doxapram (20 mg/ml)</td>
<td>2 mg/kg</td>
<td>0.10</td>
<td>0.25</td>
<td>0.45</td>
<td>0.70</td>
<td>0.90</td>
<td>1.10</td>
<td>1.40</td>
<td>1.80</td>
<td>2.30</td>
<td>2.70</td>
<td>3.20</td>
</tr>
<tr>
<td>Epinephrine 1:1000 (1 mg/ml) *</td>
<td>For Cardiac Resuscitation</td>
<td>0.1 mg/kg</td>
<td>0.10</td>
<td>0.20</td>
<td>0.30</td>
<td>0.50</td>
<td>0.70</td>
<td>0.90</td>
<td>1.10</td>
<td>1.40</td>
<td>1.80</td>
<td>2.30</td>
</tr>
<tr>
<td></td>
<td>For Anaphylaxis (IM)</td>
<td>0.02 mg/kg</td>
<td>0.02</td>
<td>0.05</td>
<td>0.10</td>
<td>0.15</td>
<td>0.20</td>
<td>0.25</td>
<td>0.30</td>
<td>0.40</td>
<td>0.50</td>
<td>0.60</td>
</tr>
<tr>
<td>Flumazenil (0.1 mg/ml)</td>
<td>0.01 mg/kg</td>
<td>0.10</td>
<td>0.25</td>
<td>0.45</td>
<td>0.70</td>
<td>0.90</td>
<td>1.15</td>
<td>1.35</td>
<td>1.80</td>
<td>2.25</td>
<td>2.75</td>
<td>3.20</td>
</tr>
<tr>
<td>Glycopyrrolate (0.2 mg/ml) *</td>
<td>0.004 mg/kg</td>
<td>0.02</td>
<td>0.05</td>
<td>0.10</td>
<td>0.15</td>
<td>0.20</td>
<td>0.25</td>
<td>0.30</td>
<td>0.35</td>
<td>0.45</td>
<td>0.55</td>
<td>0.65</td>
</tr>
<tr>
<td>IV Fluid Cat (LRS, Normosol R, PlasmaLyte)</td>
<td>For Cardiac Arrest</td>
<td>20 ml/kg/20 min</td>
<td>20</td>
<td>50</td>
<td>90</td>
<td>140</td>
<td>180</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Fluid Dog (LRS, Normosol R, PlasmaLyte)</td>
<td>For Cardiac Arrest</td>
<td>40 ml/kg/20 min</td>
<td>30</td>
<td>75</td>
<td>180</td>
<td>250</td>
<td>300</td>
<td>400</td>
<td>500</td>
<td>700</td>
<td>900</td>
<td>1000</td>
</tr>
<tr>
<td>Lidocaine 2% (20 mg/ml) *</td>
<td>For Dogs</td>
<td>1 mg/kg slowly</td>
<td>0.05</td>
<td>0.10</td>
<td>0.20</td>
<td>0.35</td>
<td>0.45</td>
<td>0.55</td>
<td>0.70</td>
<td>0.90</td>
<td>1.10</td>
<td>1.30</td>
</tr>
<tr>
<td></td>
<td>For Cats (Beware CNS effects) *</td>
<td>0.01 mg/kg slowly</td>
<td>0.01</td>
<td>0.03</td>
<td>0.05</td>
<td>0.08</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone (0.4 mg/ml) *</td>
<td>0.04 mg/kg</td>
<td>0.10</td>
<td>0.25</td>
<td>0.45</td>
<td>0.70</td>
<td>0.90</td>
<td>1.10</td>
<td>1.40</td>
<td>1.80</td>
<td>2.30</td>
<td>2.70</td>
<td>3.20</td>
</tr>
<tr>
<td>Solu-Delta-Cortef (100 mg/10 ml)</td>
<td>5.5 mg/kg</td>
<td>0.50</td>
<td>1.20</td>
<td>2.50</td>
<td>3.70</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solu-Delta-Cortef (500 mg/10 ml)</td>
<td>5.5 mg/kg</td>
<td>1.00</td>
<td>3.00</td>
<td>5.00</td>
<td>7.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasopressin (20 units/ml)*</td>
<td>0.5 units/kg</td>
<td>0.02</td>
<td>0.05</td>
<td>0.10</td>
<td>0.20</td>
<td>0.25</td>
<td>0.30</td>
<td>0.35</td>
<td>0.45</td>
<td>0.60</td>
<td>0.70</td>
<td>0.80</td>
</tr>
<tr>
<td>Yohimbine (2 mg/ml)</td>
<td>0.1 mg/kg</td>
<td>0.05</td>
<td>0.10</td>
<td>0.25</td>
<td>0.35</td>
<td>0.45</td>
<td>0.60</td>
<td>0.70</td>
<td>0.90</td>
<td>1.10</td>
<td>1.40</td>
<td>1.60</td>
</tr>
</tbody>
</table>

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

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

Number of Surgeries

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

2009
2010
2011
2012
Percentage of Adverse Events

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

- 2009
- 2010
- 2011
- 2012
# ASPCA Mobile Spay/Neuter Clinic

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Surgeries</td>
<td>25,316</td>
<td>25,915</td>
</tr>
<tr>
<td>% Adverse Events</td>
<td>7.33%</td>
<td>5.97%</td>
</tr>
<tr>
<td>Deaths:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number</td>
<td>33</td>
<td>21</td>
</tr>
<tr>
<td>Total Incidence</td>
<td>0.13%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Counted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counted Number</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Counted Incidence</td>
<td>0.08%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
SOP Manuals Live and Breathe!

Be ready to:

• Revise Protocols
• Add Protocols
• Remove Protocols

Constantly!!!!
QUESTIONS?