Common emergency room procedures

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Introduction

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Logistics: CE Certificates

- No need to raise your hand!
- Type in questions
- Emailed to you 48 hours after the webinar
- Active participation = no quiz
- Watching video later, must complete quiz
  - ELITE members only
- Email / contact with ANY questions
  - garret@vetgirlontherun.com
  - justine@vetgirlontherun.com

Call in from Smart Phone!

Some common emergency procedures you must feel comfortable performing!

- Thoracocentesis
- Abdominocentesis
- DPL
- Pericardiocentesis
- Gastric lavage
- Chest tube
- Coccygeal block
- Tracheostomy
- Jugular cutdown
- Nasogastric tubes
- Using syring pumps
Thoracocentesis

[With a 18 g needle and the good thrust of the hand, there is no body cavity you can’t penetrate...]

– House of God, Dr. Shem

Thoracocentesis

• Supplies:
  – 20 cc syringe
  – 3 way stopcock
  – 16-22 ga. needle or butterfly catheter
  – Extension setting
  – Empty bowl
  – +/- sedation
    • Butorphanol: 0.2-0.8 mg/kg IM or IV
    • Diazepam: 0.1-0.25 mg/kg IV

ABDOMINOCENTESIS

Procedure.

– Blind vs AUS Guided
  • Four quadrants:
    – Cranial and left of the umbilicus
    – Cranial and right of the umbilicus
    – Caudal and left of the umbilicus
    – Caudal and right of the umbilicus.

Ultrasonography: FAST

Evaluation of a focused assessment with sonography for trauma protocol to detect free abdominal fluid in dogs involved in motor vehicle accidents

JAVMA, Vol 225, No. 8, October 15, 2004

Sara R. Benner, DVM, Elizabeth A. Rozanski, DVM, DACVR, DACPV, Amy S. Tishbi, DVM, DACPV
Jon L. Horin, DVM, Scott P. Maze, DVM, John E. Roth, DVM, MS, DACCV, DACVSMR

Original Study

Evaluation of an abdominal fluid scoring system determined using abdominal focused assessment with sonography for trauma in 101 dogs with motor vehicle trauma

Gregory R. Lianciandro, DVM, DACVSP, Michael S. Legrattick, DVM, MS, DACVSP
Bobby A. Mass, DVM, MS, DACVSP, Geoffrey T. Sugrue, DVM, PhD, DACVSP, Elizabeth C. Tilly, DVM, Nicholas R. Cohen, DVM, Leslie D. Reves, DVM, Erika P. Borch, DVM, DACVSP
Call it "AFAST" for Abdominal FAST

- Diaphragmatico-Hepatic (DH)
- Spleno-Renal (SR)
- Cysto-Colic (CC) –
- Hepato-Renal (HR)

- Save NO Shave ☺
  - Preferred position RIGHT lateral recumbency
  - All images in this talk are unshaved

Triage, Tracking, Trauma

The History and Overview of FAST

- The Abdominal Fluid Scoring System
  - The patient’s abdominal fluid score (AFS)
    - Lateral recumbency have a depth gauge
    - Most common low-scoring sites (DH, CC)

  Major Injury, Small Volume Bleeder

  Major Injury, Big Volume Bleeder

Serial Exams are Key for a Number of Reasons

- AFS- lower scoring (1,2) dogs on initial or serial examinations rarely become anemic called “small volume bleeders”
- AFS-higher scoring (3,4) dogs always become anemic and ~25% become transfusion candidates (PCV< 25%) called “big volume bleeders”
• Blind abdominocentesis: 5-25 ml/kg of effusion *
• Palpable fluid wave: > 10-20 ml/kg
• FAST-guided abdominocentesis: 2 ml/kg

* Crowe, 1984

**PERICARDIOCENTESIS**

Pericardiocentesis

• Indications:
  – Pericardial effusion

• Aseptic preparation/technique

• 16 ga., multi-fenestrated catheter

• 3-way stopcock setup

**GASTRIC LAVAGE**

Performing gastric lavage for poisonings

When to Decontaminate

• Emesis induction vs. gastric lavage
• Gastric lavage:
  – More effective at removing gastric contents
  – Deadly meds:
    • Calcium-channel blockers/Beta-blockers
    • Baclofen
    • Metaldehyde
    • Organophosphates/carbamates
    • Macroyclic lactones
    • Anything approaching the LD₅₀
Intubate!

Inflate the ETT: Protect the Airway!

Pre-measuring the Tube

Gastric Lavage

Mouth gag and placing the orogastric tube!

Double lumen gavage tube
CHEST TUBES/THORACOSTOMY TUBE

• 3-strikes-and-you’re-out rule
• Sedate or anesthetize, if possible
• Don’t clamp the tube, if anesthetized
• Continuous vs. intermittent suction

Thoracostomy Tube

• Blunt dissection vs Trocar (i.e. cat ca-bob)
  – Surgical preparation
  – Skin incision over 8th-10th intercostal space
  – Pull skin cranially 2 intercostal spaces

Heimlich valve

Thoracostomy Tube

– Connect to pleural drainage system OR place 3-way stop-cock and injection caps
Over-the-wire chest tube

- Sterile technique
- No need to tunnel the skin!
- Requires sedation and local anesthesia
- No need for general anesthesia!

COCCYGEAL BLOCKS

TRACHEOSTOMY

Knowing how to perform a tracheostomy

FEEDING TUBES
Placing a nasogastric tube

E-TUBE PLACEMENT - PROCEDURE

The Kitty Kollar (http://www.kittykollar.com) has been used with success. This is a washable, fabric collar designed to wear in conjunction with an esophageal feeding tube.

E-TUBE PLACEMENT - CHECK

JUGULAR CUTDOWN
COOL NEW BLING

Questions?

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