

Triage for Front Office Staff: How to Handle the Surprise Visit

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TELEPHONE TRIAGE

The initial triage may actually occur over the phone. Because the veterinary personal cannot rely on their sense of touch, sight and feel of the patient, employees that are tasked to handle telephone calls should have strong clinical knowledge, excellent listening and communicating skills and a sense of intuition. A telephone triage log of the calls should be kept. Because it is a legal document the log should be stored for several years depending on the state laws. Remember that the recommendations you offer to the client can have legal ramifications and it is important that you document the conversation to protect both yourself and the clinic.

Each employee should ask the same initial questions of each client that calls in for non-routine appointments in order to ensure that each call is handled in a thorough manner. After the initial information is gathered the questions may vary depending on what the presenting complaint is.

Each clinic may have a different policy on what advice can or cannot be given over the phone. No matter what the clinic's policy is, all owners should be instructed to come in with their pet no matter how insignificant the problem may appear. Because of owner error in interpreting their pet's condition, it is impossible to appropriately triage an animal over the phone. For example, owners frequently cannot tell if their pet is seizing versus trembling out of fear. The safest suggestion is to always advise the owner to bring the pet into a veterinary hospital immediately. For legal purposes, it is important that the telephone triage log reflect this recommendation with each phone call. Any medical treatments suggested to clients over the phone must be documented in full in the telephone log.

Once you have suggested to the client that they bring in their pet for a medical treatment you should provide the owner with information about how to safely transport their pet to the clinic. This may include placing pressure on a bleeding wound, putting a quick bandage on a bleeding area, keeping the animal immobile or instructing the owner how to make a muzzle at home to ensure they are kept safe. Telephone triage is also important because it allows the medical team to prepare for the arrival of the patient at the hospital. Intravenous fluids, catheters, oxygen and crash cart supplies can be readied prior to the patient's arrival.

PRIMARY ASSESSMENT

The primary assessment will determine if the animal is a true emergency and needs immediate treatment or if it is stable enough to wait. The primary assessment should ideally begin with the triage interview where you obtain information on why the owner brought the pet in.

There may be a couple of circumstances that would prevent you from performing a triage interview. Treatment should be initiated on any pet that requires immediate resuscitative status. Examples of this would be cardiac arrest, active seizures, severe blunt trauma, anaphylaxis, uncontrolled hemorrhage and severe head trauma. Owners of these pets should be informed in a clear concise manner of WHY, WHAT and HOW MUCH.

Unless your patient is in need of resuscitative measures immediately you will have ample time to conduct the triage interview and initial assessment on the pet. Assessing all systems should be done in a clear conscious manner. The technique you develop for performing the primary assessment on your patient should be the same technique you use for each patient. While it is often "easier" to simply jump right to the area of complaint (like a broken leg) you cannot forget to perform a full physical exam on each patient. Each full physical exam should only take under five minutes and should focus on R.A.P: Respiration, Alertness and Perfusion. When you have completed the physical exam you will have a better idea of how critical the patient is and whether you need to start immediate treatment or whether

your patient is able to wait and, if so, for how long. If you have done your physical exam appropriately you will have assess the three major systems: cardiovascular, respiratory and central nervous systems.

Respiratory

Any change in an animal's breathing is an emergency. Owners often mistake labored breathing as "panting" or shallow breathing as "sniffing." When performing a physical exam it is important to step back and simply look at how the patient is breathing. Your sight will be one of the most important tool at determining if the patient is having difficulty breathing or not. If there is any question on the degree of respiratory dysfunction the patient should be given oxygen supplementation until treatment and diagnostics can begin.

Mucous membrane color is also an important tool in determining respiratory function. Though not completely accurate (because lighting, anemia or icterus hides the appearance of cyanotic membranes) any presence of cyanosis issue which needs to be addressed immediately.

A pulse oximetry machine measures the oxygen saturation of hemoglobin, which is a very insensitive measure of oxygenation. Normally animals should have a range from 98-100% on room air. The drawback to a pulse oximetry machine is that, at times, it is not very accurate. Patient movement, poor perfusion, hair, or any color other than pink mucous membranes (icterus, cyanosis, anemia) can cause the reading to be inaccurate. However, the pulse oximetry machine continues to be a fairly quick and easy test to use to determine overall oxygenation.

Alertness

Upon initial presentation the level of consciousness (LOC) should be assessed.

Alert:	Normal behavior and is responsive
Depressed:	Awake but subdued. Uninterested in environment
Delirious:	Awake but altered perception. Responds inappropriately to stimulus
Stuporous:	Remains in sleep state. Only aroused by strong stimulus
Comatose:	Deep unconsciousness. Unable to rouse despite stimulus

An animal may be conscious, but have abnormal mentation such as slow or inappropriate response to stimuli. Any patient that has a declining LOC is an emergency and the overall prognosis of the patient worsens. Because a normal healthy animal is usually anxious at a veterinary clinic, any level of depression or any animal that is very quiet should be concerning and may indicate an emergency.

Perfusion

The most common conditions that can cause a change in cardiovascular status are hypovolemia, anemia, sepsis or cardiac dysfunction. Mucous membrane color may be altered from a normal healthy pink to a muddy, grey or pale color. Any change in mm color is a life-threatening emergency. Capillary refill time should always be under 2 seconds. During cardiovascular collapse you may see an increase to 3 seconds or greater.

Heart rate may be either increased or decreased. Pulse strength may be either bounding or weak. Both the heart rate and pulse rate may be irregular or nonsynchronous. One of the key indicators in the early stage of shock is an elevated heart rate. Some patients may have an elevated heart rate because of excitement, but the overall patient must be assessed. There are numerous potential heart arrhythmias and while some may be not life-threatening, until the patient receives a full cardiac workup all arrhythmias should be considered life threatening. If during the physical exam a heart arrhythmia is auscultated, the patient should have a electrocardiogram (ECG) performed.

UNIQUE TRIAGES

Reproductive Emergencies

Certainly the female herself may be stable, but there could be a reproductive emergency that jeopardizes the health of the unborn neonates. When a reproductive emergency arrives at the clinic,

ideally all puppies/kittens that had already been born are brought to the clinic as well. This way they can be given right back to the mother to nurse when she is finally done delivering. Upon arrival the neonates that have already been born should be removed from the mother and kept in a warm, clean area. This way the focus can be given only to the mother.

Ocular Emergencies

There are four true ocular emergencies: acute blindness, acute red or cloudy eye, acute painful eye and anything dangling from the eye. As a rule of thumb, if an owner calls with concern regarding their pet's eye it is best to have them come in to assess whether it is truly an emergency. Upon arrival at the clinic, the pet should be triaged in a similar manner to all other pets. However, depending on the nature of the eye problem the pet may need immediate treatment. If there is any wait for the pet to be seen it is imperative that the owner be given an Elizabethan collar so that the pet does not cause further injury to the eye. Often times pets will paw or rub at the injured/diseased eye. Preventing further injury is imperative.

Neurological Emergencies

Neurological emergencies require rapid assessment and quick treatment in order for the best prognosis to occur. The three most common neurological emergencies are: acute spinal cord injury, acute brain injury and tick paralysis (seen mainly in Australia). Other neurological emergencies include all types of seizures.

If a neurological injury is suspected you should advise the owner to minimize the pet's motion and come to the clinic as soon as possible. After your full physical exam you will want to perform a brief neurological exam. This should start with the pet's level of consciousness. Any change in their LOC is an emergency that needs immediate attention. You should pay particular attention to the pet's eyes and whether the pupils are the same size, have normal reaction to light and that they do not have nystagmus or anisocoria.

When standing you should check for conscious proprioception deficits (CP). You should also check for deep pain with hemostats. The pet should immediately withdraw their foot even with the slightest pressure. If the pet is delayed in responding or does not pull back at all there is a neurological deficit.

While acute brain injury cases may be easier to label as an "emergency", acute spinal cord injuries may not. Owners may arrive with these pets being carried and describe the injury as "must have hurt his foot". A good triage nurse will remove the pet from the owner's arms and fully assess the pet for themselves. As a rule, any animal that shows any neurological deficit should have immediate treatment initiated. It is well documented that the prognosis of the neurological pet decreases dramatically the longer the pet had to wait before treatment.

Neonates

Neonates are very delicate. Approximately 11-34% of kittens and puppies will die within the first 12 weeks of their life. When a client calls with a medical emergency involving a neonate it is important that instruction be given to the client on how to appropriately transport the neonate to the hospital. Ideally the sick neonate should be brought in separately. This is to minimize the risk of disease transmission and stress to the rest of the litter.

It is imperative that anyone transporting a neonate be instructed on how to keep them warm during transport through the use of hot water bottles and warm blankets. Thermoregulation is a severe problem in the neonate. Upon entering the hospital the neonate should be immediately addressed and placed into a warm environment. The owner should not be expected to be responsible for warming the neonate once in the hospital. A normal neonatal temperature is between 98-100°F.

Exotics

Birds, ferrets, rabbits, chinchillas, reptiles, etc should be brought in immediately if they are lethargic, not eating or having non-normal stool. Exotics, in general, show little to no signs of illness until they were very sick. Birds that are not perching, fluffed for extended period of time, lack of droppings, blood in the droppings, breathing heavy or “sneezing” excessively are considered an emergency. Certainly if there is trauma or loss of blood of any amount the bird should also be brought right in. Birds do not have a lot of blood to lose so immediate attention is required should blood be seen. A healthy bird should be perched, alert, moving and not fluffed for more than a minute. Birds frequently eat and groom themselves throughout the day. Stool should be semi-formed and in a ball or squiggle and can be many different colors depending on the dye in the food (red, green, purple). Generally the stool is grey/black. Urates are always white in color.

Ferrets should be triaged in a similar manner to dogs and cats. You should look at the eyes, check the mucous membrane color, listen to the heart and lungs, feel femoral pulses and take a temperature. Tenting the skin to check for dehydration is important.

Rabbits, guinea pigs and chinchillas are all prey species and can die from the stress of being handled. All three are normally alert and active. They constantly eat and should defecate small moist, but solid fecal pellets. An owner should be told to bring in their pet if it has shown even a decrease in eating for half a day or if they are noticing less fecal pellets. Owners should also bring in their pet if the fecal pellets become watery or become too small and dry. Fecal pellets indicate a lot about the overall health of the pet.

With the exception of the rat, rodents should never be removed from their cages since a loose rodent can easily escape and never be found again. If they must be removed from their cages they should be handled in a small enclosed exam room to avoid escape. Most will bite when scared or painful so handling them with a small towel or protector gloves is helpful. Triage should start with just observation. A full physical should be done, but likely with smaller rodents it will be impossible to obtain a temperature. Hair coat and body condition will tell a lot about the animal’s health. All rodents are active and alert. Stools should be moist, formed pellets. Fecal health is a good indicator to the overall health of the rodent.

Generally there are very few reptile emergencies unless it is related to trauma. However, owners may feel it is an emergency because they just noticed the signs of a chronic disease that has been occurring for awhile. When a reptile is transported without a heat source they can quickly become cold. Certain diseases may cause them to become lethargic hindering their ability to find appropriate heat sources. This is why when a reptile presents to a clinic it should likely be given a heat source immediately upon arrival. The heat should ideally be in the center of the cage so the reptile can move away from it if they do not want it. Since most veterinary facilities are ill-equipped to deal with the long term care of reptiles it is best if the patient is stabilized and transported to an appropriate facility when possible.

COMMON DISEASES/INJURIES

Vomiting/Diarrhea: Small dogs, kittens or puppies can become dehydrated quickly. Diabetics or geriatrics with other conditions are also a concern. Any blood in the diarrhea or vomit is an EMERGENCY. If the pet is vomiting, do not allow it to eat or drink anything for 8-12 hours. Many pets will “tank up” on water and end up vomiting more. If the vomiting or diarrhea is frequent, owners should seek medical attention.

Hit By A Car: ALWAYS an EMERGENCY. Even if the pet looks “fine”, there can be trauma to the chest or abdomen that you cannot see. Because of the pet’s adrenaline rush owners may not see signs for several hours and, by then, it’s an emergency. Owners should be instructed to IMMEDIATELY drive to a veterinary hospital.

Owners should be informed to: 1) Not get bitten by their pet 2) Use safety measures if getting your pet out of the road 3) Have someone sit with the pet if possible to minimize motion, but do not add stress to the pet
4) Use large blankets as gurney if needed

Bite Wounds: ALWAYS an EMERGENCY. Until the hair is clipped away and a veterinarian is able to look at it, it is not possible to tell how extensive the wounds are. Bite wounds become infected very quickly, particularly when made by a cat. If nothing else they are painful and the pet should be prescribed pain medications and antibiotics. Bite wounds of particular concern are those over the chest, neck, under-belly and near any joint. Because of state laws, please bring your pet's rabies certificate (not just the tag) with you to the clinic.

Limping/Broken Bones: If the pet is limping on the leg, it is likely not broken, but it is painful and should be addressed in a timely fashion. If the pelvis is broken they will wobble/stagger when they try to walk, if they try to walk at all. It's always safer to advise them to bring the pet in if they are limping or holding up a leg. Owners should be instructed not give any human pain medications (Tylenol, aspirin) to the pet.

Poisons/Toxins: Have the owners call an animal poison animal center immediately. Most veterinarians will end up having to call the poison center to get current recommendations on how to treat the pet.

Bloat/Gastric Dilatation Volvulus: Occurs in large/deep chested dog. The stomach twists and starts to "bloat". Signs include: trying to vomit, gagging up white foam, restless, won't lie down, panting, pacing, groaning in pain, distended abdomen. This is an EMERGENCY and owners need to bring in their dog immediately!

Urethral Obstruction: Occurs mainly in male cats where the urethra becomes obstructed with crystals or other debris causing the cat to not urinate. Urethral obstructions can occur in other animals as well for other reasons. Signs include: Vomiting, frequent squatting in an attempt to urinate, crying in pain (yowling in cats), tense/painful abdomen, refusal to eat. Owners often mistake urinary obstruction as constipation. Always an EMERGENCY

Thrombus Cat (clot cat): Occurs mostly in cats, usually those with a history of heart disease or heart murmurs. A blood clot becomes formed and lodges in various parts of the body (typically cutting off blood supply to the lower limbs). Signs include: inability to walk, crying/screaming in pain, "floppy" legs, cold feet, breathing difficulties. This is an EMERGENCY.

Heat Stoke/Hypothermia: Heat stoke mainly occurs in dogs, but can be seen cats also. Hypothermia can occur in both dogs and cats. Both are an EMERGENCY. Owners should be instructed to cool down (spray the animal down with cool water), or warm up (blankets/towels) until they are able to get to an emergency clinic. Instruct them not to use ice or very cold water. Bringing down the pet's temperature too quickly can cause worse effects than being overheated.

References Available Upon Request