

Catheter Care record from Bell Equine Veterinary Clinic

Horse name: Owners name:	Catheter placed by:	Date and time of placement:
Catheter Placed: L/Stay Mila <input type="radio"/> S/Stay Intraflon <input type="radio"/> Over the wire <input type="radio"/> Other	Clipped: Yes <input type="radio"/> No <input type="radio"/>	Reason for hospitalisation: Cut down performed: Yes <input type="radio"/> No <input type="radio"/>
	Gloves: Sterile <input type="radio"/> Non- sterile <input type="radio"/>	

Other comments: i.e. bandaged, replaced due to patient interference etc.....

Date and Time						
Palpation down the jugular						
Jugular Filling						
Heat						
Swelling						
Patency						
Pain on palpation						
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Pre-surgery Checklist by Bell Equine Veterinary Clinic

Date:	Horse Name:	Owner Name:
Anaesthetist/surgeon:	Procedure and site:	
Primary/ back up oxygen source checked	<input type="checkbox"/>	Nursing checklist completed <input type="checkbox"/>
Oxygen alarm working	<input type="checkbox"/>	Current medications/allergies noted <input type="checkbox"/>
Flowmeters working	<input type="checkbox"/>	Vaccinated for Tetanus <input type="checkbox"/>
Vaporiser attached and full (spare iso)	<input type="checkbox"/>	Shoes off <input type="checkbox"/>
Scavenging checked	<input type="checkbox"/>	
Monitoring equipment functioning	<input type="checkbox"/>	Induction
Anaesthetic machine passes leak test	<input type="checkbox"/>	Name, owner consent and procedure confirmed <input type="checkbox"/>
Endotracheal tubes (cuffs checked)	<input type="checkbox"/>	Surgical and anaesthetic risks discussed with owner <input type="checkbox"/>
Demand valve checked	<input type="checkbox"/>	Mouth washed out <input type="checkbox"/>
Crash box + DD + fluids stocked	<input type="checkbox"/>	Pre-anaesthetic check + risk assessment <input type="checkbox"/>
Intravenous cannula available	<input type="checkbox"/>	
Recovery box ready	<input type="checkbox"/>	Recovery
Alternative maintenance agent available	<input type="checkbox"/>	Position <input type="checkbox"/>
		Any concerns for recovery <input type="checkbox"/>
Pre-Induction		Analgesic plan confirmed <input type="checkbox"/>
Pre-meds requested	Time	Anaesthesia <input type="checkbox"/>
		Any Hypercapnea <input type="checkbox"/>
		Blood gas abnormalities <input type="checkbox"/>
		Equipment concerns/Other issues <input type="checkbox"/>



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Interested in submitting your own case example? Email us at ebvm@rcvsknowledge.org

Nurse Surgery Checklist by Bell Equine Veterinary Clinic

Pre-surgery checks- to be carried out before horse is in knockdown

- Kit/equipment required ready and checked by clinician?
- Has positioning been discussed and aids ready?
- Are fluids required and warmed?
- Is the bed adequately charged?
- Has the hoist been checked?
- Hobbles and leg covers ready?
- Is the horse clipped (if poss)?
- Has the horse been groomed and tail plaited?
- Are there any extras needed?

Post-surgery- to be carried out immediately after surgery

- Instrument, sharps and swabs checked
- Biopsies/samples ready for submission
- Report/deal with faulty equipment
- Any other comments?



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