

REMOTE CONSULTING AND PRESCRIBING DURING COVID 19

When performing remote consultations, you will need to consider whether the animal needs to be seen at the hospital and if not, whether it is appropriate to prescribe a particular medication without seeing the animal.

The RCVS code of conduct normally prevents the supply of POM medicines by remote consultation, however they have acknowledged that *“there may be circumstances where, in order to avoid unacceptable suffering, a veterinary surgeon may need to depart from the usual best practice guidance relating to issuing prescriptions.”*

To help you make these decisions please consider the following questions which RCVS have proposed.

- *Is immediate action necessary in the interests of animal welfare?*
- *Can treatment be delayed until a physical examination is possible?*
- *Can I direct the animal/owner to another source of assistance?*
- *What are the client's views?*
- *What are the risks? (including consideration of the nature and quantity of any drugs being prescribed)*
- *What are the benefits?*
- *How and how often will I follow up with the owner to monitor their animal's progress?*
- *In your professional opinion, is it reasonable in all the circumstances?*
- *Can I justify my decision?*

RCVS additionally suggest this about recording our decisions:

“If you make decisions that deviate from the Code or Supporting guidance, you should make detailed notes of the decision, together with the reasons for it (taking into account the above questions), in the clinical notes and ensure that any consent given by the client is fully informed (for example, the risks associated with any medication prescribed may be higher because there has been no physical examination).”

These are considered exceptional times and although it may feel daunting, we should have the confidence in ourselves to make these decisions.

As long as the guidance above has been followed and decisions made can be justified as reasonable, responsible and in the interests of animal welfare, the Blue Cross will be supportive and from all the advice we have received from the RCVS, it is unlikely they are going to view decisions unfavourably. Make use of senior colleagues for advice and second opinions where needed.

Advise the owner what to look for in terms of deterioration. Schedule a repeat telephone consultation to follow up after an appropriate interval

I would suggest adding a sentence to your Merlin entry along the lines of: *Medication prescribed on welfare grounds, current Covid restrictions preclude a clinic visit on public health grounds.*

Current plans for prescriptions (updated 24/03/2020):

- With the increase in Government restrictions on movement of people, we must limit the number of visitors to the hospitals.
- Online pharmacies are taking up to 10 days to process and deliver an order. Please use this option for repeat prescriptions of long-term medications where possible. We are working on a system to get identify repeat prescriptions so we can get these prescriptions out in good time. Owners will be paying the online pharmacy themselves.
- Supply a private prescription for all food orders and preventatives; **these must no longer be ordered through the hospitals).**
- Remote consultations are likely to result in a need for medications which will be needed more urgently than can be supplied by an online pharmacy. The van drivers are trialling running a home delivery service for these medications. This will be stretched so please be mindful and consider if a medication is really needed. In some cases advice and reassurance will be enough.
- Please include the wording FOR DELIVERY on the label and make it clear in the notes.
- Please give a full explanation of how to use the medications as the van drivers will not be able to do this on the doorstep.
- Please advise the owner that for a morning consult, delivery may be same day. For an afternoon consult it is likely to be next day.
- Please ask the owners to make a contribution. The drivers will not accept cash. Currently the only way is for the owners to do this is via the website. It is extremely important that they support us financially.

Below are some brief guidelines for some of the most common consultations we may need to do remotely

1. Emergency cases requiring urgent attention

For example:

RTA, FFH, severe neurological signs, collapse, breathing difficulties, excessive bleeding, suspected surgical cases eg pyometra.

Please check with vet to see if either

- **a triage by telephone is needed**
- **or the owner should be advised to come straight down**

Check current LOPs on booking appointments at the hospital, home visits, van calls and pets coming from self-isolating or infected households.



2. Unwell pets which are not in need of emergency or urgent treatment

For example:

GI signs, skin disease. Ear disease, lameness, coughing, lower urinary tract signs.

Perform a remote consultation

Consider the questions highlighted in the first section when deciding how to proceed.

Make use of videos/photos where able

Record decision-making

Schedule a check up

Examples (this is not a comprehensive list but will hopefully give some guidance on the more common presentations):

GI signs:

If mild and obstruction not suspected could offer dietary advice (bland food, small amounts of fluids), but recommend a further remote consult the next day.

Skin signs:

Make use of photos/videos to see the skin lesions.

Consider repeat prescription of medications previously used if felt they are indicated.

Consider prescription of new POM medications or POMs to new patients only if can be justified.

Ear disease:

Make use of photos/videos to see level of inflammation/swelling discharge and help assess the level of discomfort.

Where a significant problem exists, most cases would be ideally seen, however if this is judged as not possible consider a course of NSAIDs or prednisolone to alleviate suffering.

Lameness:

Make use videos to assess the gait/lameness

Where a significant problem exists cases should ideally be seen

Consider prescription of NSAIDs to alleviate suffering

Coughing:

Make use of videos to help with assessment

If young dog and kennel cough suspected – no treatment

If combined with breathing difficulty may need to be seen

If chronic cough base decisions as to whether to prescribe POMs remotely on the condition suspected, and the questions in the first section

Lower urinary tract signs:

Male cat – probably best seen unless you feel confident is not blocked.

Female cat – obstruction unlikely. Advise client of symptoms of deterioration and schedule a further remote consult. Most cases will be self-limiting. Discuss MEMO (see FLUTD guidelines).

In a dog which is clinically well, it may be appropriate to request a urine sample to be brought to the hospital. If government restrictions on movement mean this is unadvisable, consider waiting a few days, however, warn the owner what to look for as signs of deterioration and, in males, for signs of obstruction.

If warranted, consider a course of appropriate antibiotics (see Clinical Guidelines on antibiotic use and urinary infections in dogs)

Broken dew claw

These do not need to be seen or treated in most cases.

If concerned, the owner can bathe with salty water or diluted hibiscrub.

Paracetamol can be suggested if appropriate.

If suggesting an owner purchases over-the-counter human medication (eg paracetamol or chlorphenamine) please supply a prescription by email. This is a VMD requirement and will also reduce the risk of incorrect dosage or formulation.

3. Repeat prescriptions for ongoing medical conditions where the animal is stable.

For example:

- Repeat prescriptions of parasite treatments for well pets

- Hyperthyroid cats

- Cats and dogs on OA medication

- Cats on hypertensive treatment

- Stable diabetics

- Stable atopic animals

- Stable cardiac patients

In these cases, have a conversation regarding general wellbeing, current symptoms, owners impression of how stable on current treatment their pet is and current QOL.

In addition, consider requesting the following to support your decisions and ongoing advice:

- QOL/pain management questionnaires to be completed and emailed back

- Urine samples to be collected and brought in (you will need to balance current levels of concern regarding people travelling, versus the importance of doing this and likely influence on treatment decisions before requesting this).

- Request video clips of arthritic pets walking, breathing pattern of cardiac and hyperthyroid patients

- Ask owners if they can weigh their pet

- Ask owners to count SRR for cardiac patients

- Consider asking an owner to obtain a glucometer to perform ear prick glucose assessment in diabetics

- Request photographs or video clips which show skin lesions.

4. General health checks

We are not able to offer GHCs

Consider running through a Petwise MOT where capacity exists.

These consultations could be performed by VNs and other appropriately trained team members

If the pet has been seen by us in the last year, POM preventatives can be prescribed but a vet must approve and will need to provide an online prescription.

Ask the owner to check the weight (where possible) or clarify if the pet has lost or gained weight since last seen.

If the pet has not been seen in the last 12 months, or not been seen at all, or there are any concerns about the suitability of a POM preventative, the owner should be advised to purchase non-POM preventatives from a pharmacy/pet store. Pets at Home have recently announced they will be opening for the purchase of essential medications.



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Emergency clinics – what should we be seeing?

(This guide is written for Victoria hospital, please adjust to suit other hospitals operationally)

- **Emergency cases:**
 - Give a same-day appointment in the **emergency column** (first check with the duty vet in case they want to triage by remote consultation)
- **Any other cases needing an appointment:**
 - Should be booked for a **remote consultation with a vet**
 - If all remote consultations are booked and the case is not urgent book for the next available appointment
 - There are 'on the day' remote consultations for urgent cases
 - Vet should manage remotely according to the separate guidance on remote consultations
 - Where a face to face appointment is felt to be essential, vet to book a **clinic 1 appointment**
- We are no longer booking vaccinations at all.
 - Owners need to be made aware that their pets are unprotected and should be kept in
 - Owners of puppies which have not had a full course are at particular risk. Please advise owners to keep them away from public areas (ie home or private enclosed garden only)
 - Direct owners to Blue Cross website for advice on indoor games with pets
 - Create a list of clients awaiting vaccinations to rearrange when restrictions relax

Operations

- All operations must be approved by a vet
- Only **emergency operations** to be booked at this time
- Some **urgent operations** may need to be scheduled eg dentals for animals not eating (vet to decide)
- No routine operations
- Keep a list of operations waiting to be booked dividing into urgent and routine list

These guidelines may be reviewed and adjusted in the
near future



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Covid-19 LOP Pets from Suspected Corona virus households

Victoria March 2020



Reference also Covid-19 LOP Guidance on appointment booking

In the first instance the client should contact their medical professional on 111 for advice.

The person taking the call should inform the vet on clinic 2 or duty vet of the situation and what is wrong with the pet. They will take the number of the client and will inform them that will call back once a plan is sorted (usually within half an hour).

The clinic 2 vet should make a decision as to whether a remote consult can be done or if the pet really needs to be seen.

Only emergency cases should be seen or if the pet is suffering.

The clinic 2 vet should plan for a time when the case can come down – preferably at the end of clinic; lunchtime or a quiet time of day. The clinic 2 vet should decide which vet can see this case and if there was a nurse/ACA/PHA available to assist. Make a note on Merlin who this will be.

The client should be called back and informed of this process:

Time that they or the person bringing the pet should arrive – they must keep to this time as they may not be seen.

When they arrive, they should not enter the building and wait outside and call this mobile number:
XXXXXXXXXXXX

This mobile will be kept at front desk with PHAs. A PHA will be instructed to pick up this call:

1. Ask client to wait by dispensary door >2 metres away from anybody
2. Inform vet who is due to see case

Vet will then follow this process:

1. Request to close the dispensary and ask to move dispensing to front desk
2. Place temporary barrier between clinic 5 and clinic 6 in front and back corridor
3. Patient to be seen in clinic 6.
4. Vet and nurse/ACA/PHA to wear disposable boiler suit; gloves; boots; mask and goggles.
5. PPI protected nurse/ACA/PHA to go and collect the patient and get signed consent
6. Attempt to do all procedures in this room and avoid admitting to hospital.
7. If the patient does need to be admitted then send to isolation.
8. Vet and nurse to examine patient & treat as necessary. Inform owner by telephone.
9. Fully deep clean corridor and any rooms used by patient afterwards.

Covid-19 LOP Pets from Suspected Corona virus households

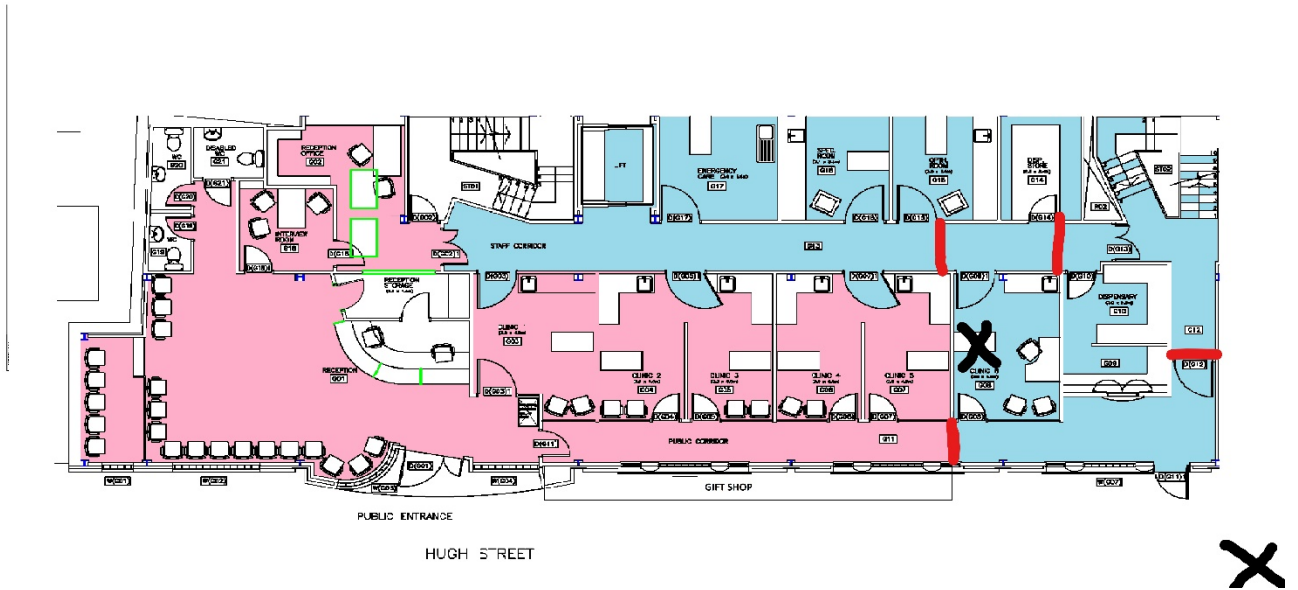


Victoria March 2020

1st floor plan

Red lines are where temporary barriers should be placed.

X marks areas where pet from infected household should go in first instance.



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